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U.S. WAR DEPARTMENT

MEDICAL FIELD MANUAL

RECORDS OF MORBIDITY AND
MORTALITY (SICK AND WOUNDED)

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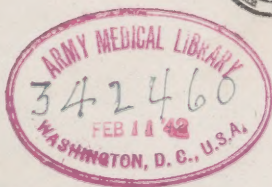
MEDICAL FIELD MANUAL



RECORDS OF MORBIDITY AND MORTALITY (SICK AND WOUNDED)

Prepared under direction of
The Surgeon General

U.S. War Dept



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FM 8-45, Medical Field Manual, Records of Morbidity and Mortality (Sick and Wounded), is published for the information and guidance of all concerned.

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BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,
Chief of Staff.

OFFICIAL:

E. S. ADAMS,
*Major General,
The Adjutant General.*



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MEDICAL FIELD MANUAL

RECORDS OF MORBIDITY AND MORTALITY (SICK AND WOUNDED)

SECTION I

GENERAL

■ 1. PURPOSE OF RECORDS OF MORBIDITY AND MORTALITY.—*a.* Complete records of all patients treated are necessary in order that—

(1) Data may be available for conduct of the business of the War Department and other governmental agencies—with particular reference to retention of the physically fit in the service, assignments to duty, adjustment of pay accounts, and the adjudication of claims for compensation.

(2) The diagnostic and therapeutic measures used may be evaluated as to their thoroughness and adequacy.

(3) Scientific studies of the nature of disease may be made.

(4) Data may be obtained upon which to base plans for the medical service of the Army in war and in peace.

b. In all records of morbidity and mortality it is necessary that facts be stated completely, yet concisely; this will facilitate subsequent study of such records and decrease the amount of correspondence pertaining to their examination. The correct application with reference to the various forms discussed herein is to be found in the Appendix.

SECTION II

REGISTER OF SICK AND WOUNDED

■ 2. GENERAL.—A register of the sick and wounded of every military establishment or force attended by a medical officer or civilian physician will be maintained in peace and in the zone of the interior during war. Registers will not be maintained however for commands en route from one station to another, for commands temporarily absent from their home stations for training in field service or because of other peace-time duties, nor for commands assembled for extended train-

ing except that registers will be maintained by fixed hospitals serving such commands.

■ **3. METHOD OF KEEPING.**—The register of patients will be kept on Form 52, M. D. A case recorded on this form is said to be on the register. Cases taken up on the register will be borne thereon until final disposition is effected, during this period cases are said to be currently on the register.

■ **4. PERSONNEL TO BE REGISTERED.**—A register card will be made for the following cases:

a. Hospitalized.—Every person admitted to hospital for treatment, including infants born in hospital, except beneficiaries of the Veterans Administration.

b. Quarters.—Every person on active duty (or civilian employee injured in the performance of duty), including retired officers and enlisted men under assignment to active duty, who, though not admitted to the hospital, is excused on account of sickness or injury from the performance of his military duty, except as provided in AR 40-215, for individuals receiving typhoid-paratyphoid vaccination; and similarly, for cases of syphilis (previously registered) receiving routine treatment intravenously administered.

c. Treatment.—Every person on active duty with the command who, though not excused from duty, is prescribed for or treated, or placed under observation with a view to treatment, or, in the case of an enlisted man, with a view to discharge on account of disability if the condition for which observed or treated is of such a character as to have a probable bearing on a subsequent medical history (see par. 70b), provided that a case once carded for record only under this provision will not again be carded for record only on the same register except when necessary to comply with the provisions of *d*, *e*, *f*, *g*, or *h*, below. For example: Every case of venereal disease or insanity, or suspected venereal disease or insanity, which comes under observation or treatment, will, unless previously on the register or otherwise required to be registered, be carded for record only under this provision. Except as required herein, cases prescribed for but not admitted to hospital or excused from duty will not be registered (see par. 25c),

d. Separation from service.—Every person on active duty with the command, not currently on the register, who is retired for disability, ordered home to await retirement for disability, discharged for disability, or dies.

e. Enlisted men discharged as inapt or inadaptable.—Any enlisted man who is not currently on the register and who is examined by a board of officers in accordance with the provisions of AR 615-360, and found to be mentally responsible for his actions, but who as a result of the board's recommendation is subsequently discharged from the service on account of inaptness, or lack of adaptability for the military service, or evidence of habits or traits of character which serve to render his retention in the military service undesirable, when underlying basis for these characteristics is constitutional psychopathic state, mental deficiency, chronic alcoholism, or drug addiction.

f. Transfer.—Every person on active duty, not currently on the register, who is transferred to another command for observation or treatment and every person whose case is received by transfer or evacuation (see sec. III).

g. Sick leave.—Every person on active duty with the command, not currently on the register, who departs from the command on sick leave.

h. Death.—Every person residing at the station or with the command, but not in the hospital, who dies.

i. Dental.—Cases undergoing dental treatment will be registered only when such treatment necessitates that they be admitted to hospital or placed on quarters status.

j. Change of status.—When a member of the permanent military establishment, sick in hospital or quarters, is retired from active service, wholly retired from service, discharged, or dismissed, the case will be closed (par. 25) and a new card will be prepared covering the continuance under treatment on the new status. The same requirement will be observed in the cases of persons who are members of any of the civilian components of the Army or of the other armed forces of the United States. If an applicant for enlistment, sick in hospital or quarters, is sworn in as an enlisted man his case as a civilian will be closed and a new card made for his case as an enlisted man. Appropriate cross references

between old and new cards will be made in these cases. If an enlisted man sick in hospital or quarters is discharged and reenlisted on the following day, the case will not be closed as directed above but will be continued on the same card with the entry in space 17.

Discharged_____; reenlisted_____
(Date) (Date)

In the case of any other person wherein a record of a change of status is important, the card will not be closed but fact of the change of status will be entered in the space "Additional diagnoses" as in the case of a discharged and reenlisted enlisted man.

k. Treated in civilian hospital.—When an officer, enlisted man, or other person in the active military service with a command which is attended by a medical officer or contract surgeon, or is a casual in the vicinity of such a command, is treated in a civilian hospital, the case will be registered and reported in the same manner as if he were treated in a military hospital, whenever the facts in the case are brought to the attention of the medical officer or contract surgeon. When such cases have been treated by the medical officer or contract surgeon and also in a civilian hospital, one register and report card will suffice, the fact of the treatment in civilian hospital being noted in space 18. Should the case, however, be treated only in civilian hospital, the fact that the patient was actually cared for in civilian hospital, with the designation or the description of the institution, will be noted in spaces 18 and 21.

l. Infants.—Infants born on the station but not in hospital, or in the vicinity of the station, will be carded for record only when the birth has been attended by a surgeon of the station.

■ 5. INITIATION OF.—The medical officer who admits a patient to hospital or quarters or becomes cognizant of any case registry of which is required, will, the same day, furnish the registrar (AR 40-590) with data for the entries in spaces 2-17, inclusive, of the card. Subsequently, any medical officer responsible for the treatment of a patient will supply the registrar with any additional fact necessary for the preparation of the card not later than the day succeeding that upon

which said fact became established. The registrar will make up the register cards day by day as the cases are taken up.

■ 6. RECORDING.—*a. General.*—The cards will be legibly written in blue-black ink, using the typewriter when practicable. Abbreviations authorized by the War Department may be used.

b. When space on card insufficient.—When the space provided on the front of the card under any heading is not sufficient to complete an entry thereunder, the record thereof will be continued on the back of the card or, if still more space is required, upon an extension slip. The extension slip must be of the same size as the card and must be pasted to the lower margin of the back of the card, using $\frac{1}{2}$ an inch for the seam; this will place the seam at the top of the card when the latter is filed. When an entry is continued, its two parts should be connected by cross-references using a small letter in parentheses, thus: (a), so that the record may readily be followed.

■ 7. REGISTER NUMBER (space 1).—Every card will have a number for convenience of reference. These numbers will be consecutive and will be carried forward indefinitely, even though the designation and character of the hospital are changed. In order that the medical history of a patient may be more readily traced, his last previous register number, if he has previously had a register card at the station, will be entered immediately before his current number, the two being separated by a hyphen.

■ 8. NAME (spaces 2 and 3).—The name will be correctly and legibly typed or written. Initial letters or abbreviations may be used for middle names only. Special care will be taken to see that the name as obtained from the patient is correct, and that both his first and last names are correctly spelled. The name of an enlisted man and the spelling of it will be verified by the identification tag, or if this is not available, by the company or other records. In cases of women admitted for delivery, the maiden name will be entered in parentheses following the last name. Example: Jones (Smith) Mary E.

■ 9. ARMY SERIAL NUMBER.—The Army serial number will be correctly and legibly typed. The number will be verified from the patient's identification tag, an official roster, or the service record.

■ 10. GRADE, COMPANY, REGIMENT, OR ARM OR SERVICE (spaces 5, 6, and 7).—*a.* The basic arm or service in which an officer is commissioned or enlisted man enlisted will be shown, and in the event that he is otherwise assigned or detailed, the arm or service with which he is currently on duty will be shown in parentheses. Assignment to the Detached Officers' List and the Detached Enlisted Men's List will be shown when the individual is not assigned to an arm or service.

b. Changes in the patient's grade, company, and regiment or arm or service while his case is current on the register will be recorded in these spaces, giving dates of changes.

c. If the patient is a former enlisted man, applicant for enlistment, or member of a training unit, the facts, respectively, will be set forth on the card under this heading, giving the case of a former enlisted man, the organization to which he last belonged and, in the case of a member of a training unit, the branch, as R. O. T. C., O. R. C., N. G., and the organization, if any. For a civilian, an appropriate descriptive entry such as "Q. M. C. employee," "Dependent of officer," "Dependent of enlisted man," will be added.

d. If the patient is a garrison prisoner or a general prisoner with dishonorable discharge suspended or completed, the fact will be noted in these spaces above the entries pertaining to the patient's present or former assignment. Example:

5. Grade:	6. Company:	7. Regiment and
Gar. Pris.	DD Susp. formerly.	arm or
Gen. Pris.	DD Comp. formerly.	service.
Pvt.	A	17th Inf.

■ 11. AGE, YEARS (space 8).—The age at the nearest birthday is required. The age will be verified as in the case of the Army serial number.

■ 12. RACE (space 9).—Use "W," "C," "F," "PR," or "I," meaning "white," "colored," "Filipino," "Puerto Rican," or "Indian."

■ 13. NATIVITY (space 10).—Enter place of birth; giving State, if a native; country, if foreign.

■ 14. SERVICE, YEARS (space 11).—Give length of service to date of admission, in years and monthly fractions thereof, whether continuous or not. The service will be verified as in the case of the Army serial number.

■ 15. DATE OF ADMISSION (space 12).—Under date of admission give the month, day, and year the case is taken up. Figures will not be used to designate the month.

■ 16. SOURCE OF ADMISSION (space 13).—*a.* The purpose of this entry and those in spaces 5, 6, and 7 is that of relating the individual patient to the organization to which he is assigned or attached. This is necessary in order that morbidity and mortality rates may more accurately be derived. The Army Regulations pertaining to morning reports (AR 345-400) should be referred to, in this connection.

b. Personnel of the command who are assigned thereto will be admitted from "Command." Attached personnel in Class B (AR 345-400) will be admitted from "Command B, Station Fort A." A casual member of the command will be admitted as "Casual, Station, Fort B." In the case of an original admission from a passing or other command which is unattended by a medical officer, the fact will be recorded thus, "Casual, Detachment, 12th Infantry, en route to B, unattended by a medical officer." Cases not members of the command admitted from sick leave will be admitted as casuals, a statement being made of the place and date of original admission to sick report, thus "Casual, sick leave, original admission, Fort C, November 7, 1939." Cases will not be recorded as admitted from desertion or absence without leave. If these matter have any bearing on the medical record, the fact will be recorded in the diagnosis space.

c. In the case of a patient received by transfer from another hospital or command, the name of such hospital or command will be given with the date and place of the original entry of the case and its register number on the register thereof. If the patient has been transferred successively through several hospitals the name of the hospital from which received and the place, date, and register number of the original

admission for the current illness will be given, thus "Formal transfer, S. S. Republic, original admission Ft. Mills, September 8, 1939, register number 18642." In the case of a patient received by informal transfer the name of his command and station will be given.

■ 17. CAUSE OF ADMISSION (space 14).—*a. General.*—Give the name of the disease and its location if it is localized, or, in case of injury, its cause, location, character, and severity, with the attending circumstances, date and place of occurrence, and nature of missile, weapon, or other producing agent. All diseases or injuries present at the time of admission will be recorded in this space. Should the original disability, or, if there is more than one, should any of them be cured before the final disposition of the patient, the fact and date of such cure will also be stated in this space.

b. Primary cause of admission.—In entering the cause of admission the actual condition necessitating or indicating the expediency of treatment will be regarded as the primary cause of admission, and will be entered first. Other conditions present will be entered in the order of their importance with reference to the primary cause of admission. When patients are admitted electively for the treatment of a condition, congenital or acquired, the condition itself and not the treatment to be given, will be recorded as the primary cause of admission; for example, "hammer toe" will be recorded rather than "for operation for the cure of hammer toe," "syphilis" rather than "for intravenous administration of neoarsphenamine for the treatment of syphilis." The treatment undertaken in such cases, if it is such as to require a record thereof, will not be entered in this space but in space 17.

c. Diagnostic terms.—Diseases and injuries will be recorded on the register in terms accepted in general by the medical profession, except that use will not be made of proper names other than those listed in paragraph 58. The International List of the Causes of Death and the Manual of Joint Causes of Death, publications of the Bureau of the Census, are used by The Surgeon General's Office as guides for classification of conditions reported.

d. Special requirement for diagnosis.—The following requirements will be observed:

(1) Pathological lesions will be recorded rather than their symptoms. Use of the expression "cause undetermined" will be confined to those cases in which there is definite possibility that the cause of the pathological condition could be ascertained by the methods of examination in accepted usage and to denote that such methods have not been exhausted or that they have yielded negative results. When the condition necessitating admission is so ill-defined as to permit of no definite diagnosis, the case will be recorded as "No disease, ill-defined condition of the ----- system, manifested by -----," inserting the body system (International List) which seems to be affected and the important manifestations. When the patient is admitted for administrative reason and no disease found, the case will be recorded as "No disease, administrative admission, for determination of -----," inserting sanity, physical fitness, or other purpose. Admission as a procedure for the control of communicable disease will, when no disease supervenes, be recorded as, for example, "No disease, administrative admission, meningitis contact."

(2) In all cases in which the cause of admission is a local manifestation of a general affection, the character and location of the one and the nature of the other will be stated.

(3) The organ or part affected will be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism, ulcer, or herpes; also in inflammations, as adenitis, osteitis, arthritis, or synovitis; and in local injuries, as abrasions, burns, contusions, or dislocations.

(4) Inflammations will be reported as acute or chronic. The grade of the inflammatory condition of mucous membranes will be stated, when such is important.

(5) In pulmonary affections the lobe or lobes involved will be designated; also, in the case of diseases that are not always bilateral, whether the disease is confined to the right or left or extends to both lungs.

(6) Deviations from the normal in cases of impairment of vision or hearing when they are causes of admission or directly affect admission will be ascertained and noted.

(7) In a case of injury the pathological condition, location, severity, place and date of occurrence will be recorded, the nature of the missile, weapon, or other causative agent shown, and the course of events directly responsible for the accident clearly stated. If it was accidental, that fact will appear. If it was intentional, the record will show whether it was judicial, homicidal, suicidal, self-inflicted, or otherwise, as the case may be; except that wounds inflicted in action by the enemy need not be so qualified. In gunshot wounds the points of entrance and exit of the missile or missiles and any important parts involved in the track of the wound will be recorded, if they can be determined. If records will bear in mind the "how, when, and where incurred" details in the case of injuries, frequent errors of omission will be avoided.

(8) Fractures will be designated as simple, comminuted, compound, or complicated, the character of the complications being stated.

(9) The exact location, variety, and degree (complete or incomplete) of hernia will be given.

(10) Diseases due to venereal contagion, alcohol, narcotics, or to immoral practices will be so recorded.

(11) Distinction will be made between inflammations of venereal origin and those of nonvenereal origin, in cases where there is involvement of the genital organs or the inguinal lymph nodes, specifying the nature of the venereal cause and the causation in nonvenereal cases or stating that the cause is nonvenereal.

(12) The terms "venereal warts" and "venereal bubos" will not be used. The correct diagnosis will be stated with the specific cause of the lesion.

(13) When a patient who has been returned to duty or who has been "carded for record only" is subsequently readmitted to the same or any other hospital for treatment of the same disease, the current diagnosis should be recorded and the fact that the case is a readmission indicated in parentheses by stating it to be "Old" and giving the name of the original station where the case was registered and the date of the original registration; as for example, Syphilis,

cerebro-spinal, manifested by ----- ("Old," Fort -----
 -----). If a patient is readmitted to the same hos-
 and date)

pital where the case was originally treated for the condition, the full description of the original disease or injury will be repeated upon readmission, including the original date, place, cause, and attending circumstances, followed by the reference "See register No. -----." If the readmission is to a hospital where the case was not originally treated, such similar information as can be obtained that is considered reliable will be entered, stating in each case the source of the information. A statement showing the condition at the date of current admission will be added. The transfer of a case from one hospital to another is only an incident in the treatment of it, and does not constitute a readmission.

(14) In all cases of poisoning the name of the poison will be given.

(15) Whenever possible, in all cases of pneumonia, the causative organism will be stated. In all cases of pneumococcic pneumonia, the type of the pneumococcus present will be recorded.

(16) In every case of typhoid fever the dates of all anti-typhoid vaccinations and the method of confirming the diagnosis will be stated.

(17) Special notes will be made of malingering, or feigned diseases, and of the means employed for their detection.

(18) Births will be recorded as such, giving the name, age, and grade of the father and the name and age of the mother; the mother's maiden name will be placed in parentheses following her married name. Important abnormalities of the child will be noted.

(19) (a) 1. When the diagnosis of a case under treatment in a ward is changed, or complications or sequelae develop, report thereof will be made to the registrar upon a register card or other prescribed means of notification, marking it "Change of diagnosis," and forwarding it with the next morning report of the ward.

2. When the diagnosis of a case under treatment in quarters is changed, or complications or sequelae

develop, a report thereof upon a card or other prescribed means of notification similarly marked will be forwarded within 24 hours to the registrar by the medical officer attending the case.

(b) The change of diagnosis report will be signed or initialed by the ward officer or by the medical officer in attendance on the case, and be filed with the register card of the case to which it relates as the voucher for the correction of the register card.

■ 18. LINE OF DUTY (space 15).—*a. General.*—Herein will be recorded, in the case of every officer and enlisted man on the active list, and of every officer and enlisted man on the retired list who is for the time being serving under an assignment to active duty, and of every other person in the military service, the opinion of the medical officer, based on a full consideration of all the facts, whether the cause of admission was incurred in the line of duty, it being understood that the entry relates to the primary cause of admission as defined in paragraph 17b. If the patient has two or more diseases or injuries at the time of admission, an opinion as to the line of duty will be separately recorded for each (see also par. 37).

b. Ordinary cases.—All diseases or injuries from which a militarized person suffers while in the active military service of the United States may be assumed to have occurred in the line of duty, unless the medical officer knows that the disease or injury—

(1) Existed prior to entry into the service.

(2) Was contracted while absent from duty without permission.

(3) Occurred as the result of something which he was doing in pursuance of a private avocation or business.

(4) Grew out of relations unconnected with the service or was not the logical incident or probable effect of duty in the service (see sec. II, AR 615-360).

(5) Occurred in consequence of willful neglect or misconduct of the man himself.

c. Special cases.—(1) *Misconduct.*—Venereal diseases, syphilis, gonococcus infection, chancroid, lymphogranuloma venereum, and lymphogranuloma inguinale will be held to have resulted from misconduct unless it is shown that they

were in fact innocently acquired. Unless the patient can show by satisfactory evidence that the primary venereal infection was innocently acquired, all cases of paresis, tabes dorsalis, and other conditions which are unmistakably the result of venereal infections, will be regarded as not in line of duty. The inability of the responsible medical officer to prove misconduct in the case or to obtain information in regard to the primary or secondary symptoms of syphilis is not sufficient to warrant the opinion that the early or late symptoms resulting therefrom originated in the line of duty. In like manner, all conditions resulting from chronic alcoholism and drug addiction should be regarded as not in line of duty. Other injuries and diseases will be held to have resulted from misconduct when caused by an act of commission or omission, wrong in itself, an act contrary to the principles of good morals, or as a result of gross negligence, gross carelessness, or self-infliction of wounds. In all cases other than venereal diseases, alcoholism, or drug habit, in which the opinion as to line of duty is expressed by "No," and in all cases of these three conditions in which the opinion as to line of duty is expressed by "Yes," the circumstances attending the incidence of the disability, and on which the contrary opinion is based, will be stated under the diagnosis.

(2) *Line of duty for treatment or operation.*

(a) The line of duty of an operation or the treatment of any condition will be the same as that of the condition for which the operation was done or the treatment was instituted except as provided in (b) below.

(b) Death or any untoward effect which is directly chargeable to treatment, anesthetic, or operations, instituted by a medical or dental officer of the Army, regardless of the line of duty of the disease or injury or misconduct of the individual, will be recorded as in line of duty and not due to misconduct.

(3) *Injuries* (see AR 345-415).—In each case of injury the responsible medical officer will determine the line of duty from all available evidence, and in no instance where there is any doubt will he accept the unsubstantiated statement of the patient as conclusive evidence of the true circumstances

under which the injury was incurred. The statement regarding the place and date of occurrence, nature of the missile, weapon, or other causative agent, and the course of events directly responsible for the accident, required by paragraph 17d(7) to be entered in space 14, and that concerning line of duty will be in accord with the approved findings of the board of officers set up under paragraph 1c(4)(b), AR 345-415, when such board has acted on the case, and a notation "per approved findings of a board of officers" will be made in space 15.

(4) *Tuberculosis*.—Cases of acute tuberculosis (not including acute exacerbations of chronic forms) will be considered to be in line of duty in all instances, irrespective of length of service. Cases of active chronic tuberculosis in military personnel with more than six months' service will be considered to be in line of duty regardless of the character and the extent of the lesion. Inactive pulmonary tuberculosis, diagnosed on the basis of X-ray findings alone, will be considered to be not in line of duty unless there is a previous record of active pulmonary tuberculosis while in the military service. Cases of chronic tuberculosis, including acute exacerbations, in which the length of service is six months or less, will be considered to be not in line of duty.

(5) *Dementia praecox, manic depressive psychosis, and psychoses of a similar nature*.—All cases of dementia praecox or manic depressive psychosis, or psychoses of a similar nature, developing within six months after entry into the military service will be regarded as having existed prior to enlistment. Cases developing after six months' service will be regarded as having been incurred in line of duty when the period between any two enlistments has not exceeded three months and when a careful review of the past history fails to elicit evidence of mental abnormality before the original entrance into the military service or during the first six months of service.

(6) *Hernia*.—The line of duty status in cases of hernia will be determined on the merits of the individual case, the decision to be arrived at as a result of thorough investigation of the circumstances attending the initial appearance of the

hernia and careful evaluation of any factor or factors that may have been contributory thereto.

d. Intercurrent disabilities.—When an intercurrent disability subsequently appearing is in no way dependent on the primary affection, the medical officer will record it in space 17, along with his opinion as to whether it originated in line of duty, and such explanatory remarks as may be necessary. Should it be cured before the final disposition of the patient the fact and date of cure will also be recorded in space 17.

e. Revised diagnosis.—Upon recording a change of diagnosis the medical officer will also record in space 17 his opinion as to whether the disability as diagnosed by him originated in line of duty, with appropriate explanatory remarks when necessary.

■ 19. INJURY CODE (space 16).—This entry is to be accomplished as set forth in circular letters of The Surgeon General.

■ 20. CHANGE OF DIAGNOSIS.—A change of diagnosis will be indicated in space 17, giving the date of the change, and "Yes" or "No" for the line of duty status of the new diagnosis. The original entry under "Cause of admission" in space 14, and its corresponding line of duty reference in space 15, will not be disturbed. (See also par. 32.)

■ 21. COMPLICATIONS (space 17).—All complications occurring subsequent to admission to hospital will be entered in space 17, and the date will be given in each instance. The ward officer will in each case promptly notify the registrar's office of any complication that may occur.

■ 22. INTERCURRENT DISEASES (space 17).—The ward officer will promptly notify the registrar's office of any intercurrent diseases or injuries that occur subsequent to the admission of any patient to hospital. These data will be entered in space 17, with date and appropriate entries as to line of duty.

■ 23. SURGICAL OPERATIONS (space 17).—Any surgical operation performed or other noteworthy or unusual treatment instituted in the case will be recorded in space 17. In recording a surgical operation its character will be briefly described, giving the commonly accepted name for it. The word "opera-

tion" alone is not sufficient. In every case note will be made of the date of operation. When tissue is removed for histological examination, the histological diagnosis will be recorded in this space. When neoplasms are removed in whole or in part the fact that a histological examination of the tissue was or was not made will be recorded and the histological diagnosis will be given. If the histological diagnosis is not available at the time the case is completed, the register card will subsequently be corrected and a copy forwarded to The Surgeon General.

■ 24. TREATMENT IN HOSPITAL, DISPENSARY, OR QUARTERS (space 18).—The place of treatment, quarters, dispensary, or hospital, and the dates of changes from one to the other will be indicated in space 18. In computing "patient days" or "days lost," cases admitted to a dispensary for purposes of observation and treatment will be considered as in a status of "hospital."

■ 25. DISPOSITION OF PATIENTS (space 19).—*a. General.*—Herein will be recorded the completion of the case by entry specifying the method of its completion. Return to duty is always a completion of the case, including cases registered under the provisions of paragraph 4c. Transfer to another hospital completes the case on the medical records of the transferring hospital or command. Cases of officers, enlisted men, and other persons on active duty are completed by capture by the enemy or by any change in their military status which separates them from the active list of the Army, such as death, desertion, retirement, resignation, dismissal, or discharge from the service. Cases of officers and enlisted men on the retired list and of civilians registered upon their admission to hospital, conforming to the provisions of paragraph 4a, are completed, so far as the register is concerned, by their departure from the hospital, the remark "Discharged from hospital" being noted on their register cards.

b. Furlough or sick leave.—When a patient departs from the command or hospital on sick leave or furlough, and is to report for duty upon his return therefrom, his card will be completed by appropriate record of such departure, with

a statement showing whether the cure was complete, and the duration of leave or furlough granted for the purpose of convalescence. If the patient is to return in the status "sick," the record of his sick leave or furlough with the date of departure and return will be entered in space 17, but the case will not be closed as completed until final disposition is effected.

c. Record cases.—Register cards for record only under paragraph 4c, the patient not having been excused from duty, will be completed at once, regardless of the continuance of treatment or observation, by entering "performing full duty" under this head and repeating the date in the date of disposition space. Should the provisions of paragraph 4a, b, e, f, or h, become applicable during continued treatment or observation, or subsequently, the case will again be registered in conformity therewith, but will be marked "Old"; showing the station, with the date of the original treatment.

d. Death and disability cases to be completed.—Cases of death and of retirement or discharge for disability carded will be completed at once by entry in this space specifying the nature of the disability or cause of death.

e. Specific data for death cases.—In case of death, the fact of death, and the result of autopsy (if no autopsy, so state) will be recorded in this space; also, if the death was not due to the cause of admission the general, determining, and all contributing causes thereof, and a statement showing whether the cause originated in the service and in line of duty, with an explanation of the circumstances upon which the opinion, if negative, is based. Should the cause of death in any case be unknown, a brief note of such circumstances as may throw light upon it will be entered. In case of suicide the cause or causes which led to the act will be stated, if known; if the cause of suicide is undetermined, entry of that fact will be made.

f. Specific data for disability cases.—In case of retirement or discharge on account of wound, injury, or disease, the fact of retirement or discharge on such account will be recorded under this head; also, if the wound, injury, or disease for which the officer or enlisted man is retired or discharged was not the cause of admission, the same will be fully described

and statement recorded whether it originated in line of duty. When the opinion expressed is "No," the circumstances attending the incidence of the wound or disease and on which the negative opinion is based will be recorded.

g. Specific character of disabilities.—In preparing register and report cards for patients who are separated from the service for disability, it is not sufficient to give the diagnosis of the original injuries or diseases causing the disability, but the exact nature of the disability at the time of separation from the service will be added.

h. Specific data for discharge (not disability) cases.—The cases of patients who are retired from active service, or wholly retired or discharged from the service by order, sentence, operation of law, or expiration of term, will be completed by entry specifying such fact. However, when it is apparent that any patient is permanently unfit for military service because of mental or physical disability, he will, if practicable, be recommended for discharge on certificate of disability prior to the expiration of the term of service in which the disability was incurred.

i. Officer retired.—The cases of officer patients who depart from the hospital or command in obedience to order to proceed to their homes and await retirement will be completed upon such departure by recording the fact thereof and the date of departure.

j. Disability aggravated by misconduct or refusal of treatment.—When the disease or injury causing death or discharge has been aggravated by the willful and persistent refusal of the patient to submit to such reasonable restrictions, methods of treatment, or surgical operations as would, in the opinion of the medical officer, have conduced to the cure or to the lessening of the disability, the fact will be noted.

k. Duty.—When a patient is returned to duty the entry "Duty" will suffice, the cure being assumed to be complete unless a statement to the contrary is entered. Acceptable qualifications are: Duty improved; Duty unimproved.

l. Transferred cases.—In case of transfer to another hospital or command, the specific destination of the patient will be stated, together with the authority for transfer.

m. Desertion.—Desertion or absence without leave for more than 10 days is final disposition of the case and the card will be completed accordingly. Should the individual come again under military control and resume the status of "sick," a new card will be made for him.

■ 26. DATE OF DISPOSITION (space 20).—Give month, day, and year of disposition. Figures will not be used to designate months. In all cases of discharge on certificate of disability the date of discharge as given in the letter of notification from the adjutant will be recorded.

■ 27. NAME OF HOSPITAL, ETC. (space 21).—Enter in this space on every register and report card the designation of the hospital, establishment, or organization, to which the register pertains, and its location on the date the card is completed.

■ 28. MONTH OF REPORT (space 22).—Space 22 need not be filled in on the register card but will be filled in on the report card.

■ 29. DAYS OF TREATMENT (space 24).—Days of treatment in current cases, on the back of the card, will be filled out month by month on the register and report cards, extending the table as may be necessary for cases remaining from one year to another. The day of admission, the day of death, and the day of other separation from the service will be counted as a day of treatment in every case. The day of return to duty, and in the case of a civilian patient, of leaving hospital, will not be counted as a day of treatment. The day of disposition for all cases transferred will not be counted by the transferring hospital, but the receiving hospital will count on its card of the case, as a day of treatment, the day of transfer. If more than one day has elapsed in effecting the transfer, the additional days must nevertheless be accounted for on the card of the receiving hospital, in space 24, the correct date of admission to the receiving hospital being recorded in space 12.

■ 30. RESPONSIBLE OFFICER, WHO SIGNS OR INITIALS CARDS (space 23).—The senior medical officer is responsible for the preparation and preservation of the register. Ordinarily,

he will sign or initial all register cards completed during the period of his responsibility; but at general hospitals or larger station hospitals, or when specially authorized by The Surgeon General, he may designate one or more junior medical officers to sign or initial them. When, in the absence of a medical officer, the command is attended by a civilian physician, he will sign the cards for the cases completed under his care. When the report sheet (Form 51, M.D.) or report cards (Form 52, M.D.) are typed, the full signature of the officer signing or initialing them will be typed or stamped just below the signature or initials.

■ 31. INFORMATION TO BE FURNISHED BY COMMANDING OFFICER.—The commanding officer will provide the surgeon with any information the latter may not have, which is necessary for preparing and completing the register.

■ 32. ALTERATIONS AND ADDITIONS TO REGISTER CARDS.—*a. In remaining cases.*—Alterations and additions when necessary to correct or complete the record may be made in the register cards of remaining cases at the discretion of the senior medical officer of the command. A change of diagnosis will be indicated in space 17, "Additional diagnoses," giving the date of the change, and the original entry under "Cause of admission," in space 14 will not be disturbed. When, however, the original diagnosis showed only the onset of a more important disease which subsequently became apparent after a few days' observation and before a report card had been forwarded, for example, acute coryza with measles, the correct diagnosis will replace the original one in this space. When in a case received by transfer the correction involves the line of duty or abrogates a definite diagnosis, and the change made affects the patient or the Government as to a claim for compensation, extension of service, or other similar matters, the reasons for the change will be stated, the transferring surgeon will be informed by letter of the change, and the reasons therefor, and notation will be made on the card that the transferring surgeon has been so informed. This letter of information will be forwarded through all intermediate surgeons who have registered the case.

b. In completed cases.—Alterations of and additions to the register card of a completed case may be made in like manner by the medical officer who is responsible for the card at the time it is completed, if he is still the senior medical officer of the command. If he has been superseded, the card will not be changed, but a successor who concludes, upon information received, that the card is erroneous in any particular way, may file a supplemental card therewith on Form 52, M. D., indicating thereon such conclusion and the information or reasons upon which it is based. The supplemental card will be headed "Supplemental Card No.," inserting the register number of the register card, and will be dated and signed on the back by the officer filing it, the initials of the officer who initialed the original card being typed in space 23. A cross-reference to the supplemental card identifying it by its date may appear upon the register card, but it will be a reference only, thus "See supplemental card dated" and contain none of the matter recorded on the supplement. For corresponding report card see paragraph 56.

■ 33. **How FILED.**—The register cards will be kept in two files, the current file and the permanent file.

a. Current file.—The current file will consist of the register cards of remaining cases arranged in dictionary order according to the last names of the patients. It constitutes a ready index to all cases currently on the register. Cards will be transferred from the current file to the permanent file upon their completion but not until the report cards have been prepared.

b. Permanent file.—The permanent file will comprise all register cards of completed cases, filed by their register numbers.

SECTION III

TRANSFER OF PATIENTS

■ 34. **GENERAL.**—Patients are transferred from one station to another for observation and treatment by the authority, direct or delegated of the War Department, or that of corps area, department, or tactical commanders. The medical

records of such movements of patients and the method of their use are described in the following paragraphs.

■ 35. TRANSFER.—*a. Formal.*—In every case of transfer from commands rendering sick and wounded reports as required by paragraphs 54*b* and *c*, the commanding officer of the hospital or surgeon of the command from which the patient goes will make out a transfer slip (Form 52*e*, M. D.). This will duplicate in part the patient's register card, including as complete a diagnosis as there has been opportunity to make, complete entry in space 21. The slip will be signed by the transferring officer. An extension slip when necessary will be used in the manner described in paragraph 6*b*. A formal transfer to a general hospital will be accompanied by an extract of the important items of the clinical record of the case while at the transferring station.

b. Informal.—When local hospital facilities are not provided for a command and patients requiring hospital treatment are sent habitually to a hospital in the immediate vicinity, formal transfer of patients from station to station is not required, i. e., transfer is accomplished as a routine and informal procedure. In such cases transfer slips as required for formal transfer will accompany the patients, and though they may be incomplete as to diagnosis of the condition present they should convey to the receiving hospital all pertinent information available.

■ 36. DIAGNOSIS.—The requirements of paragraph 17 will be carefully observed in entering the cause of admission of transferred cases and particularly will this be true with respect to injuries.

■ 37. LINE-OF-DUTY CASES.—The line of duty of all cases of injury transferred in time of peace and of all such cases in the zone of the interior in time of war will be entered as "Per the agreement of the patient's unit commander and the surgeon," or as "Per the approved findings of a board of officers," or as "Undetermined" if a determination has not been made. It will be the responsibility of the transferring surgeon to supply the receiving surgeon with a statement as to the line of duty in those cases where the entry "undetermined" has been made. When determination of the line

of duty is dependent upon facilities for study of the case not available to the transferring surgeon, the receiving surgeon who finally reaches a decision as to the line of duty will inform the surgeon who instituted the transfer, and all intermediate surgeons, as to the decision.

■ 38. TRANSFER SLIP.—*a. To whom sent.*—(1) *General.*—Transfer slips will in ordinary transfers be sent to the commanding officer of the receiving hospital or surgeon of the command.

(2) *In case of transfer to St. Elizabeths Hospital, Washington, D. C.*—In transfers to St. Elizabeths Hospital (the Government hospital for the insane), the transfer slip will be sent to The Adjutant General, with a copy attached to the medical certificate required by the Department of the Interior.

(3) *Cases transferred via Army transports.*

(a) *In time of peace.*—When any person in the military service is transferred via Army transport for further observation and treatment or for discharge on certificate of disability, the regular transfer slip, transferring the patient to the transport for observation or treatment while en route, will be prepared and delivered, together with other necessary records, such as the syphilitic register and the abstract of clinical records, to the transport surgeon. The disposition will be shown on Form 52, M. D., in space 19 as "Transferred to U. S. A. T. _____ for transportation to Port _____." The name of the hospital to which the patient will probably be transferred may be placed in parentheses after the name of the port. All such patients while on the transport will be carried by the transport surgeon as sick in hospital (i.e., hospital of the transport) or quarters (i.e., troop quarters of the transport), as the character of the case warrants. Upon arrival, the commanding general of the corps area or department in which the port is located, acting upon the recommendation of the corps area or department surgeon, will send the patients to suitable hospitals for treatment or discharge. The transport surgeon will then prepare the regular transfer slips and forward them, together with the other necessary papers in each case, to the designated hospitals.

(b) *In time of war.*—Transports operating between the theater of operations and the zone of the interior will use the forms prescribed for the theater of operations.

b. *How transmitted to recipient.*—If the patient is to be unattended en route, the transfer slip may be transmitted in his care, or by mail, at the discretion of the transferring officer. If the patient is to be under the charge en route of an officer or enlisted man, the slip will be transmitted through the officer or enlisted man in charge.

c. *Verification by person in charge.*—When many patients are transferred at one time under the charge of an officer or enlisted man en route, the transfer slips will be verified personally by him or, when the number transferred is too great for personal verification, by his subordinates or assistants.

d. *Procedure when patient is not received.*—Should the patient named on a transfer slip transmitted by mail not arrive at the receiving hospital within a reasonable time, the commanding officer thereof will so notify the transferring officer. Both officers will immediately take the necessary steps to determine the whereabouts of the patient and the cause of his nonarrival. The commanding officer of the receiving hospital will note on the back of the transfer slip the fact that the patient did not arrive, along with such other data bearing on the fact as were obtained in communicating with the transferring officer or other officials.

e. *Disposition by receiving hospital.*—The commanding officer of the receiving hospital or surgeon of the command will note on the back of the transfer slip the fact and date of the arrival of the patient at his station (dating stamp may be used), prepare a register card for the case, and therewith file the transfer slip.

SECTION IV

EMERGENCY MEDICAL TAG

■ 39. *GENERAL.*—As a sick and wounded record the Emergency Medical Tag (Form 52b M. D.) will be used as prescribed in paragraph 54. During or after an engagement it will be attached to all sick, wounded, and dead. In referring to this tag the use of the abbreviation EMT is authorized.

■ 40. PURPOSE.—*a. For the sick and wounded.*—For the sick and wounded the primary purpose of the Emergency Medical Tag is to inform the medical officers under whose observation the patient successively comes of the character of the disability and the treatment previously given at the several points of relief prior to admission to hospital.

b. For the dead.—For the dead the purpose of the emergency medical tag is to—

(1) Prevent a loss of time by other medical personnel in examining the body.

(2) Furnish as much information as is practicable regarding the details of the death.

■ 41. BY WHOM AND HOW PREPARED.—*a.* The emergency medical tag will be made out by the first Medical Department officer who treats the patient previous to his admission to a hospital, or by the first member of the Medical Department who finds or examines the remains. The identification tag should be utilized to obtain or verify the necessary information concerning his name, grade, and Army serial number.

b. The tissue paper protecting the carbon sheet will be torn out before the cloth tag is written, in order that the duplicate impression on the paper tag may be made at the same time as the original. A medium hard black and not indelible pencil will be used and special care exercised that the name of the patient or of the deceased is legibly written or printed. After the preparation of the tag is completed the carbon paper separating the original and duplicate tags will be torn out and discarded.

c. When used in peacetime the tag will be prepared with the same care as to detail as is required in the case of the register card and the pertinent instructions contained in paragraph 17 will be followed. In combat there will be many instances when the initial preparation of the tag will be faulty. The tags will be examined by medical officers along the route of evacuation and every effort consistent with the well-being of the patients will be made to complete and correct the entries. In the case of wounds received in action with an enemy of the United States or as a result of an act of such enemy, the diagnosis will include a statement to that effect recorded as "Wounded in action" (WIA) and in the

case of the dead found on the field, the entry "Killed in action" (KIA) will be made, it being understood that these are administrative rather than medical entries and that a complete diagnosis is required. It is important to remember that awards of compensation and decorations are dependent upon this record.

d. Under "Treatment" will be noted the dressing applied, the amount of stimulants or anodynes administered, and whether operation or special treatment is urgently needed.

e. Under "Supplemental record" on the back of the original will be recorded as the case may be—

(1) The additional treatment given en route to hospital, indicating its nature and where and when it was given.

(2) The fact, time, and place of death and other essential attending circumstances, if the patient dies en route.

(3) The hospital where the patient was admitted for definitive treatment or the disposition of the body.

(4) The fact that the patient is returned to duty from any station along the route of evacuation prior to admission to hospital. All entries made will be signed.

■ 42. HOW ATTACHED TO PATIENT OR TO REMAINS.—The original tag will be torn from the book and affixed to the clothing of the patient (or to the clothing of the dead) over the breast, or as near to it as possible, so as to be seen readily.

■ 43. USE.—a. *In transfer of patient.*—An emergency medical tag will be attached to every patient evacuated to a hospital from an aid station, dispensary, or other establishment not a hospital, and will serve the same purpose as the transfer slip prescribed in paragraph 35. Only one emergency medical tag will be attached to any patient. All necessary notes before admission to hospital will be made on the one tag.

b. *By moving commands.*—(1) For commands moving or in the field in time of peace or for commands on a similar status in the zone of the interior in time of war, the emergency medical tag will be used by the senior medical officer of each command or dispensary in lieu of Form 52, M.D. as a report card for all cases completed by death or duty during the month. Any patient who is transferred from such commands to a hospital will be accompanied by an emergency

medical tag. If a patient is transferred to other than an Army hospital, request will be made by the transferring officer that the hospital diagnosis, the complications, operations, and disposition, with dates, be entered in the supplemental record, that the tag accompany the patient if he is removed to an Army hospital and that it be mailed to The Surgeon General, Washington, D. C., if the patient is released from the hospital to duty.

(2) Each emergency medical tag received with transferred cases by a mobile hospital or by station, general, or convalescent hospitals in a theater of operations will be placed in the field medical jacket and will thereafter form a part of the patient's field medical record.

c. In case of "*killed in action*."—(1) *Definition*.—The term "*killed in action*" includes not only those meeting sudden death but all casualties who as a result of wounds die on the field before reaching an aid station.

(2) *By whom prepared*.—See paragraph 41. A noncommissioned officer or a well-qualified private of the Medical Department will accompany all burial parties and prepare emergency medical tags for all the killed in action not previously tagged. Medical Department personnel attached to units of the Graves Registration Service will prepare emergency medical tags, if missing, at initial interments and complete or correct such as are faulty.

(3) *Contents*.—On each tag the Army serial number, name, and grade of the deceased (the data being obtained from the identification tag attached to the body) will be written clearly and legibly. In addition to the record "*killed in action*," there should be entered, when practicable, a brief note showing the location of the wound, such as head, chest, abdomen, arm, forearm, hand, thigh, leg, or foot, with side involved and the character of the causative missile, such as shell, shrapnel, bullet, bayonet, saber, or bomb. In case a tag is incomplete in the foregoing or any other particular, Medical Department personnel on duty with the Graves Registration Service or with other burial parties will supply the missing information if it is obtainable. If identification is impossible at time of interment, notation will be made of the Graves Registration Service registration of the body in

order that The Surgeon General may have a means of securing additional information at a later time.

■ 44. DISPOSITION.—*a. Originals.*—(1) *Patient returned to duty from an aid station or dispensary.*—The original emergency medical tags of the sick and wounded who are returned to duty from aid stations or dispensaries without going farther to the rear will be removed at the station and retained for use by the unit surgeon.

(2) *Patient returned to duty from a station on the route of evacuation prior to a hospital.*—The original emergency medical tags of the sick and the wounded who are returned to their organizations direct from a station on the route of evacuation will remain attached to them and upon their reporting for duty be removed for use by the surgeons of their respective organizations. Such tags will be collected and forwarded by the senior medical officer of the establishment or command by whom they are removed, with the next ensuing monthly report of sick and wounded.

(3) *Patient admitted to hospital.*—The original emergency medical tags of the sick and wounded who are admitted to a hospital in a theater of operations will be removed and placed in the jacket of the field medical record. Original emergency medical tags received with patients evacuated to a hospital which maintains a register of sick and wounded will be removed, the fact of receipt and date thereof entered in the supplemental record, delivered to the registrar, and forwarded to The Surgeon General with the next report of sick and wounded. If an emergency medical tag is the only field record received with a patient evacuated from a theater of operations to a hospital for definitive treatment in the zone of the interior, it will be forwarded to The Surgeon General within 24 hours (see par. 49b).

(4) *Patient who dies in transit, or the killed in action.*—See AR 30-1805, 30-1810, 30-1815. The original emergency medical tags attached to the bodies of sick or wounded who died while in transit or to the bodies of the killed in action will remain attached to the bodies until interment takes place. If interment is under supervision of the Graves Registration Service, the emergency medical tag will be removed by Medical Department personnel and forwarded to The

Surgeon General with the next report of sick and wounded. If interment is not under the immediate supervision of the Graves Registration Service but is made by burial parties from the command, the tags will be removed by Medical Department personnel if present, otherwise by responsible persons and transmitted to the surgeons of the commands of which the dead were members. The emergency medical tags attached to the bodies of enemy or allied dead will be forwarded to The Surgeon General through such channels as may be prescribed. In these circumstances the tags will be completed as provided in paragraph 43c(3).

(5) *Removal of wire.*—After the tag is detached from the patient, the wire will be removed from the tag before it is disposed of as directed above.

b. *Carbon copies.*—The carbon copies of the emergency medical tags will be assembled and utilized by the senior medical officer of each unit to prepare for the organization commander a daily list of casualties as may be required in preparing or checking his reports and for the preparation of statistical reports. At the end of each month all the carbon copies having served the purposes indicated will be collected and forwarded with the monthly report of sick and wounded.

SECTION V

FIELD MEDICAL RECORD

■ 45. *GENERAL.*—The purpose of the field medical record (composed of the field medical card (Form 52c, M.D.), field medical jacket (Form 52d, M.D.), and such inclosures as are herein authorized) is that of supplying a brief consecutive medical record of each patient in a theater of operations in time of war, and during maneuvers or other field operations in time of peace, who is treated in hospital. The card will not be used as a clinical history, for this would result in all the available space being used and none being left for recording the basic data for which the record is intended. This record will be used at all times by surgical and evacuation hospitals. In a theater of operations, registers of sick and wounded will not be maintained; therefore the field medical record rather

than the register card will be used by station, general, and convalescent hospitals (see fig. 76).

■ 46. WHERE STARTED; CONTENTS; DATA TO ACCOMPANY.—The record will be started for each case at the first of the hospitals mentioned above where treatment is furnished. Immediately upon admission to hospital, the Army serial number, the date and place of admission, and the name will be entered on the first fold of the card and on the outside of the jacket in the space provided. The emergency medical tag and any other clinical record of value received with the patient will be inclosed in the jacket along with the newly started field medical card. Other data for which space is provided will be entered as soon as practicable.

■ 47. ALWAYS WITH PATIENT.—After the record is started it must always remain with the patient, either at his bedside when in hospital or attached to his clothing when in transit from one hospital to another, until it is disposed of as prescribed in paragraph 49.

■ 48. ALTERATIONS.—From time to time the necessary entries will be made on the card showing complications, intercurrent diseases, operations, and disposition, with dates. Ward officers and attendants will verify, and correct when necessary, any entries on the record, particularly the name, serial number, and organization.

■ 49. DISPOSITION.—Under disposition it should be specifically stated if patient is transferred to another hospital. If so give name of hospital, date of transfer, and signature of surgeon.

a. Of records of completed cases.—The record of each case completed, by return to duty or by death, in a theater of operations in time of war or in hospitals in the field in time of peace will be removed at once and forwarded with the next monthly report of sick and wounded to the chief surgeon of a field force or to the surgeon of the corps area or department for transmittal to The Surgeon General.

b. Of records of cases transferred to the zone of the interior.—The field medical record will be attached to the clothing of each patient transferred in time of war from

any hospital in a theater of operations to a hospital in the zone of the interior and from any hospital of a mobile type for troops engaged in maneuvers, or in the field, to any fixed hospital. Field medical records should contain all available information. The term "observation" is insufficient. Include, if injury, the location, nature, date, place, and circumstances. Syphilis and syphilis observation for, should be omitted from EMT's and FMR's. Each field medical record thus received will be closed, and the record of the case taken up on the hospital register. Field medical records of patients evacuated from a theater of operations will be closed when the patients reach hospitals where they are to receive definitive treatment and will be forwarded directly to The Surgeon General within 24 hours. Field medical records received at a fixed hospital from a mobile hospital in time of peace or in the zone of the interior in war will be forwarded to The Surgeon General with the next report of sick and wounded.

■ 50. ABBREVIATIONS.—The abbreviations listed below are authorized for use only on emergency medical tags and field medical records in the diagnosis space. No additions to or deviations from this list of abbreviations will be permitted. In the nonmedical entries, abbreviations authorized by the War Department may be used.

CW—Contused wound.

EW—Extensive wound.

FUO—Fever of undetermined origin.

FC—Fracture compound.

FCC—Fracture compound comminuted.

FS—Fracture simple.

GSW—Gunshot wound.

IW—Incised wound.

KIA—Killed in action.

LW—Lacerated wound.

MW—Multiple wounds.

NYD—Not yet diagnosed.

Pen W—Penetrating wound.

Perf W—Perforating wound.

Pun W—Punctured wound.

SV—Severe.

S—Slight.

WIA—Wounded in action.

SECTION VI

REPORT OF SICK AND WOUNDED

■ 51. GENERAL.—A report of sick and wounded will be rendered monthly from every military station and separate command which is attended by a medical officer or civilian physician, and forwarded before the fifth day of the next succeeding month, as follows:

a. From a general hospital within the continental limits of the United States directly to The Surgeon General, unless otherwise ordered by him.

b. From a transoceanic Army transport to the surgeon of the corps area within jurisdiction of which the transport's home port is located, for transmittal to The Surgeon General.

c. From any other organization, station, or hospital under the command of a corps area or department to the surgeon of the corps area or department within the geographical limits of which the organization, station, or hospital is located, or to the surgeon of a force not under corps area or department command, or to the surgeon of an expeditionary or similar force, for transmittal to The Surgeon General. The reports of the elements of a tactical command will be forwarded through the surgeon thereof.

■ 52. WHEN REQUIRED.—*a. Each month although no cases treated or disposed of.*—If there has been no case treated or disposed of during the month or no remaining case, report of which was required, a report sheet (Form 51, M.D.) will nevertheless be forwarded. It will be complete as to all items.

b. When hospital closed.—When a hospital is closed or a command discontinued, a report covering the unreported period of service, giving the beginning and the end thereof, will be forwarded within five days thereafter.

■ 53. ACTION BY INTERMEDIATE SURGEONS.—Reports of sick and wounded received by any intermediate surgeon, such as a chief surgeon of an expeditionary or similar force or a surgeon of a corps area or department, will be promptly subjected to a critical examination, and such memoranda taken therefrom as he may need for the purpose of his office. He will forward the reports to The Surgeon General not later than five

days after receipt, by informal indorsement on the report sheet, i. e., office stamp showing dates of receipt and of transmittal. Should he find errors in the report he will immediately, by letter to the responsible officer, call attention to the errors and will direct the necessary action for their correction. He will not, however, detain the papers in his office awaiting correction but will forward them to The Surgeon General within five days after receipt, with a copy of his letter in the premises. The officer responsible for the preparation of the report will reply to the letter calling for corrections, by indorsement thereon. After the reply has been noted by the intermediate surgeon, it will be forwarded without delay to The Surgeon General.

■ 54. FORMS USED.—*a. General.*—The forms to be used in the preparation of or in connection with the report of sick and wounded are—

- (1) Report Sheet (Form 51, M.D.).
- (2) Report Card (Form 52, M.D. (also used as the register card)).
- (3) Emergency Medical Tag (Form 52b, M.D.).
- (4) Field Medical Card (Form 52c, M.D.).
- (5) Field Medical Record Jacket (Form 52d, M.D.).
- (6) Certain clinical records and indexes described in paragraphs 61-70.

NOTE.—Wires and strings will be removed from emergency medical tags and field medical records before forwarding them as a part of the monthly report of sick and wounded.

b. Use in peacetime.—(1) *For stationary commands.*—For all fixed hospitals or troops in garrisoned stations, permanent or semipermanent camps, the report of sick and wounded will consist of the—

- (a) *Report sheet* (Form 51, M. D.)
- (b) *Report card* (Form 52, M. D.).—A report card is required for each case currently on the register and disposed of since the preceding report. This requirement includes in addition to cases under treatment in quarters and hospitals, those which are set forth in paragraph 52b. Also a report card will be furnished for each case of syphilis when the individual is separated from the service prior to completion of treatment, except that such card need not be forwarded when the fact of

such separation is noted on some other card in the report, as for example in cases of death or discharge for disability.

(c) *Field Medical Record* (Forms 52c, 52d, M. D. and Emergency Medical Tag (Form 52b, M. D.)) *received with patients*.—Continuation of the record on the field medical card and the emergency medical tag by a hospital is not authorized.

1. Any field records received will be closed by noting on them the designation of the receiving hospital and the date of admission and will be forwarded with the next report, except as provided in 2 below.
2. In time of war, field records accompanying patients to the zone of the interior will remain with the patients until the hospitals of definitive treatment are reached. At these hospitals the records will be closed as above and forwarded within twenty-four hours directly to The Surgeon General.

(d) *Remaining card* (Form 52, M. D.).—The report for the month of December will contain a report card, designated at the top as "Remaining," for every case admitted prior to or during the month, disposition of which has not occurred. This card will be a copy of the original register card together with all changes and additions made.

(2) *For moving commands*.—Whenever troops are en route from one station to another or are temporarily absent from their home stations for training in field service or because of other peacetime duties, the sick and wounded reports of such commands will be of the same character as that prescribed for use in a theater of operations during war (see *d* below).

c. *Used in zone of the interior*.—The monthly report of sick and wounded in the zone of the interior in time of war for stations, general dispensaries, and fixed hospitals will be of the same character as that prescribed in *b* (1) above. For all other commands the report will be of the same character as that prescribed in *d* (1) below.

d. Used in theater of operations.—The monthly report of sick and wounded in a theater of operations in time of war will consist of the—

(1) *For all regiments, separate battalions, and similar units; among Medical Department organizations, for station dispensaries, for medical regiments, battalions, and squadrons, and for all places of treatment other than hospitals:*

NOTE.—The headquarters of a medical battalion, squadron, or regiment will render a report for the entire organization except that a detached element will render its own report.

(a) *Report sheet (Form 51, M. D.).*

(b) *Emergency medical tag (Form 52b, M. D.).*

1. Original.

(a) In all cases completed by death or return to duty rather than evacuation when the patient was a member of the command for which the report is rendered.

(b) In all cases of members of the command evacuated and subsequently returned to duty not having been admitted to hospital.

(c) Affixed to the killed in action, removed by burial details other than those under supervision of the Graves Registration Service, and returned to the unit surgeon.

(d) An original emergency medical tag only, in any such case as is described in paragraph 4 *b, c, d, e, g, i, and k*, and for any case of sudden death of a member of the command or member of another command dying while casually in the vicinity of the reporting command, and for any case of syphilis separated from the service prior to completion of treatment, the fact not being otherwise shown on a sick and wounded report.

2. Carbon.—The carbon copies of all emergency medical tags affixed by members of the unit, except as indicated in 1(d) above.

(2) *For station and general hospitals in theater of operations and for surgical, evacuation, and convalescent hospitals.*

(a) *Report sheet* (Form 51, M. D.).

(b) *Field medical record* (Forms 52c and 52d, M. D.) *with inclosures.*—For all cases completed during the month by death, return to duty, or otherwise than by evacuation.

■ 55. **REPORT SHEET** (Form 51, M. D.).—The report sheet will be furnished by the senior medical officer of every hospital or command in time of peace or war. The following data will be recorded thereon:

a. *Designation* (space 1).—Name or number of the hospital or organization, with the location on the last day covered by the report, except when in the theater of operations in time of war.

b. *Period* (space 2).—Month and year for which the report is furnished or period if for less than a month.

c. *Component parts of the command* (space 3).—Each command will be reported, specifying the companies and detachments composing it, but no one command will be included on more than one report. General hospitals will include only the personnel on duty therewith, except as qualified in *e* below.

d. *Variations in command* (space 4).—State important variations in the general composition of the command during the month, such as the arrival or departure of companies, giving the dates and the strength thereof, respectively. Reports relating to commands in the field in time of peace and in the zone of the interior in time of war will show the location of the principal camps occupied during the month, with the dates of arrival and departure in each instance. When a hospital or dispensary is opened or closed during the period of the report, the fact and date thereof will be recorded.

e. *Mean strength.*—(1) *Regular Army* (space 5 (a)).—The mean strength of the command for the period covered by the report will be computed as follows: The total strength for each day of the period noted by the adjutant upon the surgeon's morning report of sick will be added together by items (officers, Army nurses, warrant officers, student nurses, white enlisted, colored enlisted, Filipino enlisted, Puerto Rican enlisted, etc., separately) and divided by the number

of days in the month. The quotients are the mean strengths, by items, and the sum of them is the total mean strength. The foregoing is the rule for commands which are intact. When, however, a part of the command is on field or detached service, accompanied by a medical officer who will himself, conforming to regulations, render a report of sick and wounded, appropriate deduction will be made in computing the strength at the main or permanent station. Conversely, when the sick and injured among troops not accompanied by a medical officer, which are in the vicinity of the command but are not properly a part of it, are habitually admitted to its hospital or dispensary or taken up on its register, appropriate addition to the strength of command will be made. The mean strength of a general hospital in time of peace ordinarily will include only its own personnel; it will not include the sick and wounded therewith who were admitted by formal or informal transfer, but will include patients who are not identified with an active organization and are obviously not accounted for on any other strength return. In time of war, in a theater of operations all hospitals therein (this does not include stations operated by hospital companies of medical regiments or clearing platoons of medical battalions) will include in their strength all patients under treatment, since such patients under the replacement system will be dropped by their own organization when sent to hospital.

(2) *Training units in time of peace* (space 5 (b)).—When National Guard units, members of the Officers' Reserve Corps, or the Reserve Officers' Training Corps, or the Enlisted Reserve Corps, or trainees in the Citizens' Military Training Camps are in a Federal military camp for training and instruction in time of peace, the mean strength will be obtained for each group in the same manner as outlined in (1) above and entered on the lines provided on Form 51, M. D. Regular Army personnel on duty with the training units will be included with that for the Regular Army. In time of war, all strength will be included with that of the Regular Army.

(3) *Mean strength of civilians not included as members of training units* (space 5 (c)).—This group comprises gen-

eral prisoners, applicants for enlistment, dependents of officers and enlisted men, and all other civilians who are entitled to receive free medical treatment at military hospitals or dispensaries. This strength should be determined as nearly as practicable by a monthly census. At posts where civilian employees are entitled to medical treatment, the responsible officer will furnish to the senior medical officer on the last day of the month a statement showing the daily average number of such employees for the month.

f. Patient days (space 6).—This entry includes the total days in hospital or quarters on every day of the month as shown in the register. Hospital and quarters items will be reported separately. For the status of patients detained in a dispensary see paragraph 24. The "patient days" for the personnel of the Regular Army who are on the active list will be entered on the lines provided. "Patient days" for Veterans' Administration beneficiaries will be entered in the blank space below the Reserve Corps entry. The "patient days" for "all others" will include data as to hospital and quarters treatment for ex-soldiers, retired officers and enlisted men not on the active list, general prisoners, applicants for enlistment, dependents of officers and enlisted men, and other civilians. The treatment afforded particular classes of patients in the group "all others" will be itemized when required by The Surgeon General.

g. Miscellaneous professional work (space 7).—In time of peace and in the zone of the interior in time of war, all professional work done during the month which is not otherwise reported will be entered in space 7, Form 51, M. D., under the general headings—

(1) *Out-patients.*

(a) *Military patients not carded and those "carded for record only."*—All treatments not otherwise reported will be included, but for such cases as are "carded for record only" the case itself will be omitted for the month when so recorded.

(b) *Training unit patients.*—Count treatment and cases in same manner as for military patients.

(c) *Civilian patients.*—Include all treatments not otherwise reported.

(2) *Physical examination* specify as—

(a) Appointment, promotion, and annual of officers, Army nurses, warrant officers, Regular Army.

(b) Enlistment and reenlistment in the Regular Army.

(c) Appointment to United States Military Academy.

(d) Appointment, promotion, or others, Officers' Reserve Corps.

(e) Reserve Officers' Training Corps.

(f) Citizens' Military Training Camps.

(g) Enlisted Reserve Corps.

(h) Others.

(3) *Vaccinations, immunizations, and sensitization tests* specify as—

(a) Typhoid and paratyphoid immunizations.

(b) Smallpox vaccinations.

(c) Schick tests.

(d) Diphtheria toxin antitoxin.

(e) Others.

h. Births, marriages, deaths, and remarks.—The recording of births, marriages, and deaths heretofore required is no longer necessary. Any additional information in regard to the report in general which the surgeon deems pertinent will be added under "General Remarks," including the number of Veterans' Administration patients admitted, disposed of, and remaining. The dates of participation in combat will be entered in this space.

i. Certificate (space 10).—The certificate as to the number of cards of completed cases and of cases remaining (see par. 54b(1)(d)) (space 10) will be filled in and signed by the senior medical officer. His name and grade will be typed or printed below his signature. If there is neither medical officer nor civilian physician with the command when the report is made, a statement to that effect will be entered on the report sheet, and the officer in charge of Medical Department property will make the report over his signature. He will also initial the accompanying cards (Form 52, M. D.).

■ 56. REPORT CARD (Form 52, M. D.).—*a. General.*—The report card will be used under the circumstances indicated in paragraph 54b(1). It will be an exact copy of the register

card of each case reported. (For directions concerning the preparation of register and report cards, see pars. 5-33.)

b. Alterations.—(1) *In remaining cases.*—Under the circumstances requiring remaining cards (par. 54b(1)(d)), when the diagnosis is changed or a complication or intercurrent disease is noted or other corrections or alterations are made on the register card of a remaining case before its completion, and after a report card of the case has been forwarded, a new card signed by the senior medical officer, marked "Correction Remaining Card" in the upper margin on the front of the card, indicating plainly what the changes, corrections, or alterations are, will be forwarded with the next ensuing monthly report; provided that when the case is completed upon the next ensuing monthly report, the card required upon the completion of the case will be sufficient, and a separate correction card will not be forwarded, but every variance from the first report card of the case will be explained by the term "corrected entry" noted on the back with proper reference for connecting the record.

(2) *In completed cases, correction and supplemental report cards.*—When the register card of a completed case is altered after its final report card has been rendered, a card marked "Correction card" and signed by the senior medical officer showing plainly all the alterations, will be immediately forwarded to The Surgeon General through the usual channels. When a supplemental card is filed with the register card of a completed case, a full and exact copy thereof marked "Transcript of supplemental card" in the upper margin on the front of the card will likewise be forwarded at once. A correction other than a change of diagnosis will be made in the space where the error occurs, and will be explained by the term "Corrected entry" noted on the back of the card with proper reference for connecting the record. This applies to both remaining and completed register cards. See paragraph 32b.

■ 57. EMERGENCY MEDICAL TAG (Form 52b, M. D.), FIELD MEDICAL CARD (Form 52c, M. D.), FIELD MEDICAL RECORD JACKET (Form 52d, M. D.).—Directions concerning the use and preparation of these forms appear in paragraphs 39 to 50.

SECTION VII

STANDARD TERMS FOR DIAGNOSES, ANATOMICAL LOCATIONS, AND OPERATIONS

■ 58. STANDARD TERMS FOR DIAGNOSES.—The standard terms for diagnoses listed below will be used as a guide in preparing records of sick and wounded. It is not intended that they should be rigidly adhered to; any terms well established in medical usage may be employed with the exception that the use of eponyms other than those herein contained is not sanctioned. As far as practicable the terminology listed will be followed. When diseases or injuries occur for which no terms are furnished herein or for which the terms given are general in character, they will be recorded with such scientific terms commonly applied to them by the profession as will briefly and accurately describe them. When new terms are inserted in the list, they will be placed in their proper alphabetical order and assigned numbers within the limits of the numerical code now present. Thus if the terms hyperthyroidism and hypothyroidism were inserted the former should follow hypernephroma, 3870, and be given the number 3871, the latter should follow hypospadias, 3920, and be given the number 3921. In using this list paragraph 17 will be complied with.

0010 Abdominal scar.	0160 Acne varioliformia.
0020 Abscess, alveolar.	0170 Acne vulgaris.
0030 Abscess, periapical.	0180 Acromegaly.
0040 Abscess, perinephritic.	0190 Actinomycosis.
0050 Abscess, periproctical.	0200 Addison's disease.
0060 Abscess, peritonsillar.	0210 Adenoids.
0070 Abscess, perivesical.	0220 Adenoma.
0080 Abscess, retrocecal.	0230 Adenoma sebaceum.
0090 Abscess, retropharyngeal.	0240 Adenoma sudoriparum.
0100 Abscess, subphrenic.	0250 Adhesions.
0110 Abscess.	0260 Adiposis dolorosa.
0120 Acanthosis nigricans.	0270 Aerogenes capsulatus infection.
0130 Achylia, gastrica.	0280 Aerophagy.
0140 Acne keratosa.	0290 Albinism.
0150 Acne rosacea.	0300 Albuminuria.

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| 0310 Alcoholism, acute. | 0670 Aortic arch, dilatation of. |
| 0320 Alcoholism, chronic. | 0680 Aortitis. |
| 0330 Alopecia. | 0690 Aphonia. |
| 0340 Alopecia areata. | 0700 Aphasia. |
| 0350 Amaurosis. | 0710 Apoplexy. |
| 0360 Amblyopia (unqualified). | 0720 Appendicitis. |
| 0370 Amblyopia, exanopsia. | 0730 Arterial hypertension. |
| 0380 Amblyopia, hysterical. | 0740 Arteriosclerosis. |
| 0390 Amblyopia, nocturnal. | 0750 Arthritis. |
| 0400 Amblyopia, toxic. | 0760 Ascariasis. |
| 0410 Anaemia, pernicious. | 0770 Asthenopia. |
| 0420 Anaemia, simple. | 0780 Asthma. |
| 0430 Anaemia, splenic. | 0790 Astigmatism. |
| 0440 Aneurism, arteriovenous. | 0800 Ataxia, hereditary. |
| 0450 Aneurism, cirroid. | 0810 Athetosis. |
| 0460 Aneurism of heart. | 0820 Atony of. |
| 0470 Aneurism. | 0830 Atresia of urethra. |
| 0480 Aneurism, varicose. | 0840 Atrophia maculata et striata. |
| 0490 Aneurismal varix. | 0850 Atrophoderma diffusum. |
| 0500 Angina pectoris. | 0860 Atrophy of. |
| 0510 Angiokeratoma. | 0870 Atrophy of muscle, lower extremity. |
| 0520 Angioma. | 0880 Atrophy of muscle, upper extremity. |
| 0530 Angioma cavernosum. | 0890 Atrophy of nail. |
| 0540 Angioma serpiginosum. | 0900 Atrophy, progressive, muscular. |
| 0550 Angioneurotic edema. | 0910 Atrophy, senile. |
| 0560 Anhidrosis. | 0920 Aviator's disease or sickness. |
| 0570 Ankyloblepharon. | 0930 Balanitis. |
| 0580 Ankylosis, bony. | 0940 Beriberi. |
| 0590 Ankylosis, fibrous. | 0950 Blastomycosis. |
| 0600 Ankylostomiasis. | 0960 Blepharitis. |
| 0610 Anorchism. | 0970 Blepharospasm. |
| 0620 Anthrax, general infection. | 0980 Bradycardia. |
| 0630 Anthrax, malignant pustule. | 0990 Brain, abscess of. |
| 0640 Anthracosis. | 1000 Brain, tumor of. |
| 0650 Anuria calculous. | |
| 0660 Aorta, rupture of. | |

1010 Bromidrosis.	1280 Cataract.
1020 Bronchiectasis.	1290 Cellulitis.
1030 Bronchitis.	1300 Cercomoniasis.
1040 Bursitis.	1310 Chalazion.
1050 Caisson disease.	1320 Chancroid.
1060 Calcification of cartilage.	1330 Chancroidal lymphadenitis.
1070 Calculus.	1340 Chancroidal lymphangitis.
1080 Callosity.	1350 Chancroidal paraphimosis.
1090 Carbuncle.	1360 Chancroidal phimosis.
1100 Carcinoma.	1370 Cheilitis glandularis.
1110 Cardiac arrhythmia, auricular fibrillation.	1380 Chickenpox.
1120 Cardiac arrhythmia, auricular flutter.	1390 Chilblain (Pernio, 6520).
1130 Cardiac arrhythmia, extra systole.	1400 Chloroma.
1140 Cardiac arrhythmia, others.	1410 Cholangitis.
1150 Cardiac arrhythmia, sinus, arrhythmia.	1420 Cholelithiasis.
1160 Cardiac dilatation.	1430 Cholecystitis.
1170 Cardiac disorder, functional.	1440 Cholera, Asiatic.
1180 Cardiac hypertrophy. Cardiac murmurs, not organic:	1450 Chondroma.
1190 Accidental pulmonary systolic.	1460 Chorea.
1200 Cardio - functional apex systolic.	1470 Choroid, detachment of.
1210 Cardio-respiratory.	1480 Choroid, rupture of.
1220 Other accidental.	1490 Choroidal tumor.
1230 Cardiac palpitation.	1500 Choroiditis.
1240 Carrier, diphtheria bacillus.	1510 Choroiditis, suppurative.
1250 Carrier, typhoid bacillus.	1520 Choroiditis, tubercular.
1260 Carrier, meningococcus.	1530 Chromidrosis.
1270 Carrier.	1540 Cicatrices of, painful.
	1550 Cicatricial contracture.
	1560 Cicatricial deformity.
	1570 Clavus (corn).
	1580 Cleft palate.
	1590 Colitis.
	1600 Color blindness.
	1610 Colon, dilatation of.
	1620 Comedo (blackheads).

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| 1630 | Condyloma acuminatum (warts, external genital organs). | 1830 | Contracture of joint. |
| 1640 | Conjunctiva, hyperemia of. | 1840 | Contracture of (muscle, fascia, tendon, or sheath). |
| 1650 | Conjunctivitis, catarrhal. | 1850 | Cornea, conical. |
| 1660 | Conjunctivitis, chemical. | 1860 | Cornea, opacity of. |
| 1670 | Conjunctivitis, follicular. | 1870 | Cornea, ulcer of. |
| 1680 | Conjunctivitis, granular (trachoma). | 1880 | Cornu (cutaneous horns). |
| 1690 | Conjunctivitis, phlyctenular. | 1890 | Cowperitis. |
| 1700 | Conjunctivitis, purulent. | 1900 | Coxa valga. |
| 1710 | Conjunctivitis, vernal. | 1910 | Coxa vara. |
| 1720 | Constipation, atonic. | 1920 | Cretinism. |
| 1730 | Constipation, cause not determined, or when secondary diagnosis. | 1930 | Cryptorchidism. |
| 1740 | Constipation, spastic. | 1940 | Cyclitis. |
| | Constitutional psychopathic states: | 1950 | Cyst. |
| 1750 | Criminalism. | 1960 | Cyst, retention. |
| 1760 | Emotional instability. | 1970 | Cyst, sebaceous. |
| 1770 | Inadequate personality. | 1980 | Cystadenoma. |
| 1780 | Paranoid personality. | 1990 | Cystic kidney. |
| 1790 | Pathological liar. | 2000 | Cysticercosis. |
| 1800 | Sexual psychopathy. | 2010 | Cystitis. |
| 1810 | Unqualified. | 2020 | Cystocele. |
| 1820 | Contraction of plantar fascia. | 2030 | Cystoma. |
| | | 2040 | Dacryoadentitis. |
| | | 2050 | Dacryocystitis. |
| | | 2060 | Defective hearing. |
| | | 2070 | Defective or deficient teeth. |
| | | 2080 | Defective physical development. |
| | | 2090 | Defective vision. |
| | | 2100 | Deficient chest measurement. |
| | | 2110 | Deformity of. |
| | | 2120 | Deformity of foot. |
| | | 2130 | Deformity of hand. |
| | | 2140 | Deformity of chest. |

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| 2150 Deformity of head. | 2470 Dysentery, bacillary
(specify type). |
| 2160 Deformity of lower ex-
tremity. | 2480 Dysentery, balantidic. |
| 2170 Deformity of upper ex-
tremity. | 2490 Dysentery, entamoebic. |
| 2180 Deformity of trunk.
Dementia praecox: | 2500 Dysentery (other pro-
tozoal). |
| 2190 Hebephrenic type. | 2510 Dysentery, unclassified. |
| 2200 Katatonic type. | 2520 Dysidrosis. |
| 2210 Paranoid type. | 2530 Dystrophia unguis. |
| 2220 Simple. | 2540 Echinococcus. |
| 2230 Unqualified. | 2550 Ecthyma. |
| 2240 Dengue. | 2560 Ectopy. |
| 2250 Dental caries. | 2570 Ectropion. |
| 2260 Depressed fracture of
skull. | 2580 Eczema, seborrhoeicum. |
| 2270 Dermatitis bullosa. | 2590 Embolism. |
| 2280 Dermatitis exfoliativa. | 2600 Embolism, fat. |
| 2290 Dermatitis factitia. | 2610 Emphysema. |
| 2300 Dermatitis gangrenosa. | 2620 Emphysema of orbit. |
| 2310 Dermatitis herpeti-
formis. | 2630 Encephalitis. |
| 2320 Dermatitis medicamen-
tosa. | 2640 Encephalitis lethargic. |
| 2330 Dermatitis. | 2650 Enchondroma. |
| 2340 Dermoid cyst. | 2660 Endocarditis, acute. |
| 2350 Diabetes insipidus. | 2670 Endocarditis, chronic. |
| 2360 Diabetes mellitus. | 2680 Endocarditis, septic. |
| 2370 Diarrhoea. | 2690 Endothelioma. |
| 2380 Diarrhoea, fermenta-
tive. | 2700 Enteritis. |
| 2390 Diarrhoea, flagellate. | 2710 Enteritis, membranacea. |
| 2400 Diarrhoea, nervous. | 2720 Enterocolitis. |
| 2410 Diphtheria. | 2730 Entropion. |
| 2420 Diphtheritic paralysis. | 2740 Enuresis, nocturnal. |
| 2430 Diverticulitis. | 2750 Epididymitis. |
| 2440 Drug addict. | 2760 Epididymo-orchitis. |
| 2450 Duodenum, ulcer of. | 2770 Epiglottis. |
| 2460 Dypuytren's contraction
of palmar fascia. | 2780 Epilepsy. |
| | 2790 Epilepsy, Jacksonian. |
| | 2800 Epiphora. |
| | 2810 Epistaxis. |
| | 2820 Epithelioma. |
| | 2830 Epithelioma multiplex
benignum. |

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| 2840 Epulis. | 3180 Foot and mouth disease. |
| 2850 Erysipelas. | 3190 Frambesia. |
| 2860 Erysipeloid. | 3200 Funiculitis. |
| 2870 Erythema induratum. | 3210 Furuncle. |
| 2880 Erythema multiforme. | 3220 Furunculosis. |
| 2890 Erythema nodosum. | 3230 Ganglion. |
| 2900 Erythema scarlatini-
forme. | 3240 Gangrene. |
| 2910 Erythema toxicum. | 3250 Gastritis. |
| 2920 Erythrasma. | 3260 Gastro-enteroptosis. |
| 2930 Esophagus, spasm of. | 3270 Gastroptosis. |
| 2940 Esophagus, stricture of. | 3280 Gastro-succorhea
(hypersecretion) continuous. |
| 2950 Exophthalmos. | 3290 Gastro-succorhea
(hypersecretion) intermittent). |
| 2960 Exostosis. | 3300 Genu recurvatum. |
| 2970 Eyeball, rupture of. | 3310 Genu valgum. |
| 2980 Eyeball, enucleation of. | 3320 Genu varum. |
| 2990 Eye strain. | 3330 German measles. |
| 3000 Febricula. | 3340 Gigantism. |
| 3010 Fibroma. | 3350 Gingivitis. |
| 3020 Filariasis. | 3360 Glanders. |
| 3030 Fissure, anal. | 3370 Glaucoma. |
| 3040 Fistula in ano. | 3380 Glaucoma, secondary. |
| 3050 Fistula, biliary. | 3390 Glioma. |
| 3060 Fistula, fecal. | 3400 Glossitis. |
| 3070 Fistula, rectovesical. | 3410 Glycosuria. |
| 3080 Fistula, rectoureteral. | 3420 Goiter, exophthalmic. |
| 3090 Fistula, of thoracic
duct. | 3430 Goiter, simple. |
| 3100 Fistula, thoracico-intes-
tinal. | 3440 Gonorrhoea. |
| 3110 Fistula, thoracico-gas-
tric. | 3450 Gonorrheal stricture of
urethra. |
| 3120 Fistula, urinary. | 3460 Gout. |
| 3130 Fistula. | 3470 Grain itch. |
| 3140 Floating cartilage. | 3480 Granuloma coccidioides. |
| 3150 Focal infection from
(specify). | 3490 Granuloma fungoides. |
| 3160 Folliculitis. | 3500 Grayness of hair. |
| 3170 Folliculitis decalvans. | |

3510 Hallux valgus.	3870 Hypernephroma.
3520 Hallux varus.	3880 Hypertrophy of.
3530 Hammer toe.	3890 Hypemia.
3540 Harelip.	3900 Hypochlorhydria.
3550 Hay fever.	3910 Hypopyon.
3560 Heart block.	3920 Hypospadia.
3570 Heart, rupture of (non-traumatic).	3930 Hysteria.
3580 Hematemesis.	3940 Hysterical joint.
3590 Hematuria.	3950 Ichthyosis.
3600 Hemianopsia.	3960 Impacted cerumen.
3610 Hemiplegia.	3970 Impacted molar.
3620 Hemoglobinuria.	3980 Impetigo contagiosa.
3630 Hemoglobinuric fever.	3990 Impetigo herpetiformis.
3640 Hemopericardium.	4000 Impotence.
3650 Hemophilia.	4010 Infarction.
3660 Hemoptysis.	4020 Influenza.
3670 Hemorrhoids.	4030 Ingrowing nail.
3680 Hemothorax.	4040 Inguinal rings, enlargement of.
3690 Hermaphroditism.	4050 Insomnia.
3700 Hernia.	4060 Intertrigo.
3710 Hernia cerebri.	4070 Intestinal indigestion.
3720 Hernia of muscle.	Intestinal obstruction:
3730 Hernia, strangulated.	4080 Unqualified.
3740 Herpes simplex.	4090 From internal
3750 Herpes zoster.	causes, i. e.,
3760 Herpes zoster opthalmos.	structure (ulcerations), gallstones, enteroliths, foreign bodies, fecal masses.
3770 Hodgkin's disease.	4100 From external
3780 Hordeolum.	causes, i. e.,
3790 Hydroa vacciniforme.	angulations,
3800 Hydrocele.	kinks, adhesions,
3810 Hydrocephalus, acquired.	volvulus, intussusception.
3820 Hydrocystoma.	
3830 Hydronephrosis.	
3840 Hyperchlorhydria.	
3850 Hyperhidrosis.	
3860 Hypermetropia.	

- 4110 From spastic or paralytic causes (after injuries, operations, appendicitis, peritonitis).
- 4120 Iridocyclitis.
- 4130 Iritis.
- 4140 Jaundice, spirochetal, hemorrhagic.
- 4150 Jejunum, ulcer of.
- 4160 Keloid.
- 4170 Keratitis, herpetic.
- 4180 Keratitis, interstitial.
- 4190 Keratitis, neuropathic.
- 4200 Keratitis, nonulcerative.
- 4210 Keratitis, phlyctenular.
- 4220 Keratitis, ulcerative.
- 4230 Keratitis, unclassified.
- 4240 Keratoderma.
- 4250 Keratoiritis.
- 4260 Keratomalacia.
- 4270 Keratosis follicularis.
- 4280 Keratosis palmaris et plantaris.
- 4290 Keratosis pilaris.
- 4300 Keratosis senilis.
- 4310 Lachrimal obstruction.
- 4320 Lambliasis.
- 4330 Laryngitis.
- 4340 Laryngitis, phlegmonous, acute.
- 4350 Larynx, edema of.
- 4360 Leishmaniasis.
- 4370 Leishmaniasis, furunculus orientalis.
- 4380 Leprosy.
- 4390 Leptomeningitis.
- 4400 Leucoma.
- 4410 Leucoma adherena.
- 4420 Leukonychia.
- 4430 Leukoplakia.
- 4440 Leukemia, lymphocytic.
- 4450 Leukomia, myelocytic.
- 4460 Lichen planus.
- 4470 Lichen ruber.
- 4480 Lichen scrofulosus.
- 4490 Lichen simplex.
- 4500 Lingual tonsil, hypertrophy of.
- 4510 Lipoma.
- 4520 Liver, active hyperemia of.
- 4530 Liver, acute yellow atrophy of.
- 4540 Liver, atrophic cirrhosis of.
- 4550 Liver, biliary cirrhosis of.
- 4560 Liver, hypertrophic cirrhosis of.
- 4570 Liver, passive hyperemia of.
- 4580 Loose bodies in joint.
- 4590 Ludwig's angina.
- 4600 Lumbago.
- 4610 Lungs, abscess of.
- 4620 Lungs, gangrene of.
- 4630 Lungs, infarction of.
- 4640 Lupus erythematosus.
- 4650 Lupus vulgaris.
- 4660 Lymphadenitis.
- 4670 Lymphadenoma.
- 4680 Lymphangiectasis.
- 4690 Lymphangioma.
- 4700 Lymphangioma circumscriptum.
- 4710 Lymphangitis.
- 4720 Lymphosarcoma.

- 4730 Malarial fever, estivo-autumnal.
- 4740 Malarial fever, mixed.
- 4750 Malarial fever, quartan.
- 4760 Malarial fever, tertian.
- 4770 Malarial fever, unclassified.
- 4780 Miliary fever.
- 4790 Malingering.
- 4800 Malignant edema.
- 4810 Mallet finger.
- 4820 Malnutrition.
- 4830 Malta fever.
- 4840 Masochism.
- 4850 Mastoiditis.
- 4860 Measles.
- 4870 Melancholia involutinal.
- 4880 Melanoderma.
- 4890 Melanoma.
- 4900 Melanosarcoma.
- 4910 Meniere's disease.
- 4920 Meningitis, cerebro-spinal (epidemic).
- Mental deficiency:
- 4930 Borderline condition.
- 4940 Imbecile.
- 4950 Moron.
- 4960 Unclassified.
- 4970 Metatarsalgia.
- 4980 Migraine.
- 4990 Milium.
- 5000 Molluscum, contagious.
- 5010 Monoplegia.
- 5020 Monorchidism.
- 5030 Morphoea.
- 5040 Mouth, ulcer of.
- 5050 Mumps.
- 5060 Mutism.
- 5070 Myalgia.
- 5080 Mycoses, others.
- 5090 Myelitis.
- 5100 Myeloma, multiple.
- 5110 Myocardial insufficiency.
- 5120 Myocarditis.
- 5130 Myoma.
- 5140 Myopia.
- 5150 Myositis.
- 5160 Myositis, progressive ossifying.
- 5170 Myotonia congenita.
- 5180 Myxedema.
- 5190 Myxema.
- 5200 Naevus fibrosus.
- 5210 Naevus linearis.
- 5220 Naevus papillaris.
- 5230 Naevus pigmentosus.
- 5240 Naevus pilosus.
- 5250 Naevus vascularis.
- 5260 Nasal septum, deviation of.
- 5270 Nasopharyngitis, catarrhal.
- 5280 Necrosis.
- 5290 Nematodiosis.
- Nephritis:
- 5300 Acute.
- 5310 Chronic interstitial.
- 5320 Chronic parenchymatous.
- 5330 Disseminated, suppurative.
- 5340 Suppurative.
- 5350 Nephrogenic mesothelioma.
- 5360 Neosalvarsan, reaction from.

5370 Nephrolithiasis.	5700 Othematoma.
5380 Nephroptosis.	Other disease of:
5390 Nervous vomiting.	5710 Anus.
5400 Neuralgia.	5720 Bile ducts and gall bladder.
5410 Neurasthenia.	5730 Bladder.
5420 Neurasthenia gastrica.	5740 Circulatory system.
Neuritis:	5750 Digestive.
5430 Diphtheritic.	5760 Ductless glands.
5440 Multiple, alcoholic.	5770 Ear.
5450 Multiple, nonalcoholic.	5780 Epidemic type.
5460 Optic.	5790 Esophagus.
5470 Unclassified.	5800 Eye.
5480 Neurocirculatory asthenia.	5810 Intestinal, parasitic origin.
5490 Neurofibroma.	5820 Kidneys.
5500 Neuroma.	5830 Larynx.
5510 Neuroretinitis.	5840 Liver.
5520 Neurosis.	5850 Locomotor organs.
5530 Nose, external deformity of.	5860 Lymphatic system.
5540 Nostalgia.	5870 Male genital organs, nonvenereal.
5550 Nystagmus.	5880 Mouth and annexa.
5560 Obesity.	5890 Nasal fossae.
5570 Old age and results.	5900 Nervous system.
5580 Onychauxis.	5910 Pharynx.
5590 Onychia.	5920 Respiratory system.
5600 Ophthalmitis, sympathetic.	5930 Skin.
5610 Ophthalmoplegia, externa.	Otitis, externa:
5620 Ophthalmoplegia, interna.	5940 Circumscribed (furuncle).
5630 Ophthalmoplegia, total.	5950 Diffuse, acute.
5640 Optic atrophy.	5960 Diffuse, parasitic.
5650 Orchitis.	5970 Otitis interna.
5660 Otseitis.	5980 Otitis media.
5670 Osteitis deformans.	5990 Oto-sclerosis.
5680 Osteoma.	6000 Overriding toes.
5690 Osteomyelitis.	6010 Overweight.
	6020 Oxyuriasis.

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| 6030 Ozena. | 6340 Pediculosis pubis. |
| Pachymeningitis: | 6350 Pellagra. |
| 6040 Cerebral, suppurative. | 6360 Pemphigus. |
| 6050 Cervicalis. | 6370 Pericarditis, acute fibrinous. |
| 6060 Hemorrhagic, internal. | 6380 Pericarditis, adhesive. |
| 6070 Spinal, suppurative. | 6390 Pericarditis, purulent. |
| 6080 Pancreatitis. | 6400 Pericarditis, with effusion. |
| 6090 Panophthalmitis. | 6410 Perichondritis. |
| 6100 Pansinusitis. | 6420 Pericystitis. |
| 6110 Papillitis. | 6430 Perigastritis. |
| 6120 Papillo-adenoma of kidney. | 6440 Perinephritis. |
| 6130 Papilloma. | 6450 Periorchitis. |
| 6140 Pappataci fever. | 6460 Periostitis. |
| 6150 Paragonimiasis. | 6470 Periprostatitis. |
| 6160 Paralysis. | 6480 Peritoneal adhesions. |
| 6170 Paralysis, agitans. | 6490 Peritonitis, acute diffuse. |
| 6180 Paralysis, bulbar. | 6500 Peritonitis, acute local. |
| 6190 Paralysis, muscle, ischemic. | 6510 Peritonitis, chronic. |
| 6200 Paralysis of muscle. | 6520 Pernio (chilblain, 1390). |
| 6210 Paralysis of nerve. | 6530 Pes cavus. |
| 6220 Paralysis of ocular muscle. | 6540 Pes planus. |
| 6230 Paramyoclonus multiplex. | 6550 Pharyngitis. |
| 6240 Paranoia. | 6560 Phimosis, congenital. |
| 6250 Paraphimosis. | 6570 Phlebitis. |
| 6260 Paraplegia. | 6580 Phlegmona diffuse. |
| 6270 Parathyroid gland, diseases of. | 6590 Pituitary gland, diseases of. |
| 6280 Paratyphoid fever (a). | 6600 Pityriasis. |
| 6290 Paratyphoid fever (b). | 6610 Pityriasis rubra. |
| 6300 Paresis. | 6620 Pityriasis simplex. |
| 6310 Paronychia. | 6630 Pityriasis versicolor. |
| 6320 Pediculosis capitis. | 6640 Plague, bubonic. |
| 6330 Pediculosis corporis. | 6650 Plague, pneumonic. |
| | 6660 Plague, septicaemic. |
| | 6670 Pleurisy, fibrinous. |
| | 6680 Pleurisy, serofibrinous. |
| | 6690 Pleurisy, suppurative. |

6700	Pleuritic adhesions.	7020	Other types, acute or chronic.
6710	Pneumonia, broncho.	7030	Pathological intoxication.
6720	Pneumonia, interstitial.		Psychosis:
6730	Pneumonia, lobar.		
6740	Pneumonia, unclassified.	7040	Epileptic.
6750	Pneumopericardium.	7050	Due to drugs and other exogenous toxins, (a) morphine, cocaine, bromides, chloral, etc., alone or combined (to be specified).
6760	Pneumothorax.		
6770	Poisoning, chronic lead.		
6780	Poisoning, chronic.		
6790	Poliomyelitis, anterior, acute.		
6800	Poliomyelitis, anterior, chronic.		
6810	Polycythemia, chronic.	7060	Manic depressive.
6820	Polypus, nasal.	7070	Senile.
6830	Presbyopia.	7080	Traumatic.
6840	Priapism.	7090	Undiagnosed.
6850	Prickly heat.	7100	With brain tumor.
6860	Proctitis.	7110	With cerebral arteriosclerosis.
6870	Prolapse of ureter.		
6880	Pronated foot.	7120	With cerebral syphilis.
6890	Prostatitis.		
6900	Prostate, hypertrophy of.	7130	With constitutional psychopathic inferiority.
6910	Prostatorrhoea.		
6920	Prurigo.	7140	With Huntington's chorea.
6930	Pruritus.		
6940	Pruritus ani.	7150	With mental deficiency.
6950	Psoriasis.		
6960	Psychasthenia.	7160	With other brain or nervous diseases (specify when possible).
6970	Psychoneurosis.		
	Psychosis, alcoholic:		
6980	Acute hallucinosis.		
6990	Chronic paranoid type.	7170	With other somatic diseases (specify diseases).
7000	Delirium tremens.		
7010	Korsakoff's psychosis.	7180	With pellagra.
		7190	Unclassified.

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| 7200 Pterygium. | 7550 Rhinitis, acute. |
| 7210 Ptosis. | 7560 Rhinitis, atrophic. |
| 7220 Purpura simplex. | 7570 Rhinitis, membranous. |
| 7230 Purpura, hemorrhagica. | 7580 Rhinitis, hypertrophic. |
| 7240 Purpura, rheumatica. | 7590 Rhinoscleroma. |
| 7250 Pyaemia, surgical. | 7600 Rickets. |
| 7260 Pyelitis. | 7610 Rocky Mountain spotted fever. |
| 7270 Pyelonephritis. | 7620 Rose cold. |
| 7280 Pyloric insufficiency. | 7630 Rumination. |
| 7290 Pylorus, stricture of. | 7640 Salpingitis eustachian, acute. |
| 7300 Pylorospasm. | 7650 Salvarsan, reaction from. |
| 7310 Pyonephrosis. | 7660 Sappremia. |
| 7320 Pyopneumothorax. | 7670 Sarcocoele. |
| 7330 Pyorrhoea, alveolaris. | 7680 Sarcoma. |
| 7340 Rabies. | 7690 Satyriasis. |
| 7350 Rat-bite fever. | 7700 Scabies. |
| 7360 Raynaud's disease. | 7710 Scarlet fever. |
| 7370 Rectum, prolapse of, complete. | 7720 Schistosomiasis, biliary. |
| 7380 Rectum, prolapse of, incomplete. | 7730 Schistosomiasis, intestinal. |
| Relapsing fever: | 7740 Schistomomiasis, vesical. |
| 7390 Carter (Asiatic). | 7750 Sciatica. |
| 7400 Dutton (African). | 7760 Scleritis. |
| 7410 Koch. | 7770 Sclerosis, combined. |
| 7420 Navy (American). | 7780 Sclerosis, disseminated. |
| 7430 Obermeyer (European). | 7790 Sclerosis, lateral. |
| 7440 Retina, detachment. | 7800 Scoliosis. |
| 7450 Retina, rupture of. | 7810 Scrofuloderma. |
| 7460 Retinal artery, obstruction of. | 7820 Scurvy. |
| 7470 Retinitis, acute. | 7830 Seasickness. |
| 7480 Retinitis, albuminuric. | 7840 Seborrhoea. |
| 7490 Retinitis, diabetic. | 7850 Seminal vesiculitis. |
| 7500 Retinitis, hemorrhagic. | 7860 Septicaemia, general. |
| 7510 Retinitis, syphilitic. | 7870 Shell-shock. |
| 7520 Retinitis, unclassified. | 7880 Shock. |
| 7530 Retrobulbar neuritis. | 7890 Sialadenitis. |
| 7540 Rheumatic fever. | |

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| 7900 Sigmoiditis. | 8240 Sudamina. |
| 7910 Sinusitis, ethmoidal. | 8250 Sycosis vulgaris. |
| 7920 Sinusitis, frontal. | 8260 Symblepharon. |
| 7930 Sinusitis, maxillary. | 8270 Synechia. |
| 7940 Sinusitis, sphenoidal. | 8280 Synovitis of. |
| 7950 Smallpox. | Syphilis: |
| 7960 Snow-blindness. | 8290 Hereditary. |
| 7970 Speech, impediment of. | 8300 Primary. |
| 7980 Spermatorrhoea. | 8310 Secondary. |
| 7990 Spina bifida. | 8320 Tertiary. |
| 8000 Spine, curvature of. | 8330 Unclassified. |
| 8010 Spinal cord, tumor of. | 8340 Syringomelia. |
| 8020 Spleen, diseases of. | 8350 Tabes dorsalis. |
| 8030 Spondylitis (unqualified). | 8360 Tachycardia, paroxysmal. |
| 8040 Sporotrichosis. | 8370 Tachycardia, simple. |
| 8050 Sprue. | 8380 Talipes. |
| 8060 Staphyloma of cornea. | 8390 Telangiectasis. |
| 8070 Status Lymphaticus. | 8400 Teniasis. |
| 8080 Stenosis. | Tenosynovitis: |
| Stomach: | 3410 Fibrinous, of muscle. |
| 8090 Acute dilatation of. | 8420 Serous, of muscle. |
| 8100 Adhesions of. | 8430 Suppurative, of muscle. |
| 8110 Atony of (motor insufficiency, second degree). | 8440 Teratoma. |
| 8120 Hour-glass contraction of. | 8450 Tetanus. |
| 8130 Ulcer of. | 8460 Thrombosis. |
| 8140 Stomatitis, aphthous. | 8470 Thymus gland, diseases of. |
| 8150 Stomatitis, catarrhal. | 8480 Tics. |
| 8160 Stomatitis, mercurial. | 8490 Tinea favosa. |
| 8170 Stomatitis, ulcerative. | 8500 Tonsillitis, chronic. |
| 8180 Strabismus. | 8510 Tonsillitis, follicular. |
| 8190 Stricture. | 8520 Tonsillitis, hypertrophic. |
| 8200 Strongyloidosis. | 8530 Tonsillitis, parenchymatous, suppurative. |
| 8210 Strongylosis. | 8540 Trematodiasis. |
| 8220 Stuttering. | 8550 Trench fever. |
| 8230 Subconjunctival hemorrhage. | 8560 Trench foot. |

- 8570 Trench mouth.
- 8580 Trichinosis.
- 8590 Trichomoniasis.
- 8600 Trichophytosis, barbae.
- 8610 Trichophytosis, capitis.
- 8620 Trichophytosis, corporis.
- 8630 Trichorrhaxis, nodosa.
- 8640 Trigger finger.
- 8650 Trypanosomiasis.
- 8660 Tuberculosis, nervous system.
- Tuberculosis:
- 8670 Abdominal.
- 8680 Of bone.
- 8690 General miliary.
- 8700 Of large joints.
- 8710 Other location.
- 8720 Pulmonary acute.
- 8730 Pulmonary acute, broncho-pneumonic.
- 8740 Pulmonary acute, miliary.
- 8750 Pulmonary acute, pneumonic.
- 8760 Pulmonary, chronic.
- 8770 Pulmonary chronic, active.
- 8780 Pulmonary, chronic, arrested.
- 8790 Sacro-iliac joint.
- 8800 Tubercular abscess.
- 8810 Tubercular keratitis.
- 8820 Tubercular meningitis.
- 8830 Tumor, benign.
- 8840 Tumor, phantom.
- 8850 Tunica vaginalis, hema-
tocele of.
- 8860 Turbinate, hypertrophy
of.
- 8870 Typhoid fever.
- 8880 Typhus fever.
- 8890 Ulcer.
- 8900 Ulcer of, decubital.
- 8910 Ulcer of foot, perforated.
- 8920 Underheight.
- 8930 Under observation, undiagnosed or unknown.
- 8940 Underweight.
- 8950 Uremia.
- 8960 Ureteral colic.
- 8970 Ureteritis.
- 8980 Urethritis, acute (non-venereal).
- 8990 Urethritis, chronic, (nonvenereal).
- 9000 Urine, extravasation of.
- 9010 Urine, incontinence of.
- 9020 Urine, retention of.
- 9030 Urticaria.
- 9040 Urticaria pigmentosa.
- 9050 Uveitis.
- 9060 Uvulitis.
- 9070 Vaccination, smallpox.
- 9080 Vaccination, typhoid fever.
- 9090 Vaccination, other than typhoid fever or smallpox.
- 9100 Vagotonia.
- Valvular heart disease:
- 9110 Aortic insufficiency.
- 9120 Aortic stenosis.
- 9130 Combined lesions, aortic.
- 9140 Mitral insufficiency.
- 9150 Mitral stenosis.
- 9160 Pulmonic lesions.

- 9170 Tricuspid lesions.
- 9180 Valvular heart disease (unclassified).
- 9190 Varicocele.
- 9200 Varicose veins.
- 9210 Verruca (wart).
- 9220 Vincent's angina.
- 9230 Vitreous, hemorrhage of.
- 9240 Vitreous, opacity of.
- 9250 Visceroptosis.
- 9260 Whooping cough.
- 9270 Xanthoma.
- 9280 Yellow fever.
- Injuries Produced by
External Causes:
- 9290 Abrasion.
- 9300 Amputation, stump painful.
- 9310 Amputation, traumatic.
- 9320 Anaphylaxis.
- 9330 Asphyxiation.
- 9340 Bites.
- 9350 Blister.
- 9360 Blood donor.
- 9370 Burn, chemical.
- 9380 Burn.
- 9390 Burn, X-ray.
- 9400 Cataract, traumatic.
- 9410 Ciliary body, prolapse from injury.
- 9420 Compression.
- 9430 Concussion.
- 9440 Conjunctivitis, traumatic.
- 9450 Contusion.
- 9460 Crushing.
- 9470 Deafness, due to heavy firing.
- 9480 Decapitation.
- 9490 Deprivation of water.
- 9500 Dermatitis actinica.
- 9510 Dermatitis, calorica.
- 9520 Dermatitis traumatica.
- 9530 Dermatitis, venenata.
- 9540 Dislocation, articular cartilage, knee.
- 9550 Dislocation, compound.
- 9560 Dislocation, simple.
- 9570 Drowning, accidental.
- 9580 Drowning, not accidental.
- 9590 Electric shock, injury from.
- 9600 Emphysema, traumatic.
- 9610 Epiphyseal separation.
- 9620 Epilation, traumatic.
- 9630 Exhaustion from over-exertion.
- 9640 Exhaustion from over-exposure.
- 9650 Eyeball, other wounds and injuries of.
- 9660 Eyeball, rupture of, traumatic.
- 9670 Foreign body, traumatic.
- 9680 Fracture, comminuted.
- 9690 Fracture, compound.
- 9700 Fracture, compound, comminuted.
- 9710 Fracture, delayed union.
- 9720 Fracture, faulty union.
- 9730 Fracture, fibrous union following.
- 9740 Fracture near joint, with dislocation.
- 9750 Fracture, nonunion.

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| 9760 Fracture, pseudarthrosis. | 9950 Poisoning, acute. |
| 9770 Fracture, simple. | 9960 Poisoning, by food. |
| 9780 Frostbite. | 9970 Rupture, traumatic. |
| 9790 Gases, deleterious effects of. | 9980 Self-mutilation. |
| 9800 Heart, rupture of, traumatic. | 9990 Serum poisoning. |
| 9810 Heat, ill-defined effects of. | 10000 Smoke inhalation. |
| 9820 Hematocele, tunica vaginalis, traumatic. | 10010 Sprain. |
| 9830 Hematoma, traumatic. | 10020 Starvation. |
| 9840 Hemorrhage into joint, traumatic. | 10030 Strain. |
| 9850 Hemorrhage, subdural, traumatic. | 10040 Strangulation. |
| 9860 Hemorrhage, traumatic. | 10050 Submersion (non-fatal). |
| 9870 Homicide. | 10060 Suicide. |
| 9880 Injury, secondary result of. | 10070 Sunburn. |
| 9890 Iris, prolapse of, from injury. | 10080 Sunstroke. |
| 9900 Lightning stroke, injury from. | 10090 Synovitis, traumatic. |
| 9910 Myelitis, traumatic. | 10100 Tinnitus, aurium, due to heavy firing. |
| 9920 Myositis, ossifying, traumatic. | 10110 Venomous bites and stings. |
| 9930 Neuritis, traumatic. | 10120 Wound, character or cause not stated. |
| 9940 Paralysis, from pressure, the result of injury. | 10130 Wound, contused. |
| | 10140 Wound, extensive. |
| | 10150 Wound, incised. |
| | 10160 Wound, lacerated. |
| | 10170 Wound, multiple. |
| | 10180 Wound, punctured. |
| | 10190 Wound, penetrating. |
| | 10200 Wound, perforating. |

■ 59. STANDARD TERMS FOR ANATOMICAL LOCATIONS.—The standard terms for anatomical location listed below will be used as a guide in preparing indexes of sick and wounded. In using this list paragraph 17 will be complied with.

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| 001 Abdomen. | 005 Adductor muscles. |
| 002 Acetabulum. | 006 Alveolar. |
| 003 Acromioclavicular. | 007 Ankle. |
| 004 Acromial. | 008 Anterior chamber of eye. |

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| 009 Anus. | 046 Conjunctiva. |
| 010 Aorta, abdominal. | 047 Cornea. |
| 011 Aorta, ascending tho-
racic. | 048 Costosternal. |
| 012 Aorta, descending tho-
racic. | 049 Crural. |
| 013 Aorta, transverse tho-
racic. | 050 Cuboid. |
| 014 Arm. | 051 Cuneiform (carpal). |
| 015 Astragalus. | 052 Cuneiform, external. |
| 016 Auricle. | 053 Cuneiform, internal. |
| 017 Axilla. | 054 Cuneiform, middle. |
| 018 Axillary artery. | 055 Deltoid muscle. |
| 019 Back. | 056 Diaphragm. |
| 020 Basilic vein. | 057 Dorsal. |
| 021 Biceps cubiti. | 058 Dorsalis pedis. |
| 022 Biceps femoris. | 059 Duodenum. |
| 023 Bladder urinary. | 060 Ear. |
| 024 Brachial artery. | 061 Elbow. |
| 025 Brachial plexus. | 062 Epididymis. |
| 026 Brain. | 063 Epigastric. |
| 027 Bronchus. | 064 Erector spinae. |
| 028 Buccal. | 065 Esophagus. |
| 029 Calcaneum. | 066 Ethmoid. |
| 030 Carotid artery. | 067 Eustachian tube. |
| 031 Carotid fossa. | 068 External auditory canal. |
| 032 Carop-metacarpal joint. | 069 External oblique. |
| 033 Carpus. | 070 Extradural. |
| 034 Cecum. | 071 Eyeball. |
| 035 Cephalic vein. | 072 Eyelid, lower. |
| 036 Cervical. | 073 Eyelid, upper. |
| 037 Cheek. | 074 Face. |
| 038 Chin. | 075 Facial nerve. |
| 039 Choroid. | 076 Femoral artery. |
| 040 Ciliary body. | 077 Femur. |
| 041 Circumflex nerve. | 078 Fibula. |
| 042 Clavicle. | 079 Fifth nerve (trifacial). |
| 043 Coccyx. | 080 Finger. |
| 044 Condyle. | 081 Finger, index. |
| 045 Colon. | 082 Finger, little. |
| | 083 Finger, middle. |
| | 084 Finger, ring. |
| | 085 Foot. |

086 Forearm.	126 Leg.
087 Forehead.	127 Lesser trochanter.
088 Frontal bone.	128 Ligamentum patellae.
089 Frontal region.	129 Lip, lower.
090 Gall bladder.	130 Lip, upper.
091 Gall ducts.	131 Lips, both.
092 Gastrocnemius.	132 Liver.
093 Genital organs.	133 Lower extremity.
094 Gluteal.	134 Lumbosacral.
095 Great toe.	135 Lungs.
096 Greater trochanter.	136 Lymph glands.
097 Hand.	137 Malar.
098 Head.	138 Malleolus.
099 Heart.	139 Mammary.
100 Heel.	140 Mastoid process.
101 Hip.	141 Mastoid region.
102 Humerus.	142 Maxilla, inferior.
103 Hyoid.	143 Maxilla, superior.
104 Hypochondrium.	144 Maxillary region.
105 Hypogastric.	145 Median vein
106 Ileum.	146 Median cephalic vein.
107 Ilium.	147 Median nerve.
108 Infraclavicular.	148 Mediastinum.
109 Inframammary.	149 Mediocarpal.
110 Infraorbital.	150 Mediotarsal.
111 Infrascapular.	151 Medulla.
112 Inguinal.	152 Meninges.
113 Intercostal.	153 Mesentery.
114 Interscapular.	154 Metacarpophalangeal joint.
115 Intestines, small.	155 Metacarpus.
116 Iris.	156 Middle ear.
117 Ischium.	157 Mouth.
118 Jejunum.	158 Musculospiral nerve.
119 Joint.	159 Nasal bone.
120 Jugular vein.	160 Neck.
121 Kidney.	161 Nose.
122 Knee.	162 Occipital bone.
123 Lacrimal sac.	163 Occipital region.
124 Larynx.	164 Olecranon.
125 Latissimus dorsi.	

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| 165 Omentum. | 204 Rectum. |
| 166 Optic nerve. | 205 Rectus abdominis. |
| 167 Orbit. | 206 Retina. |
| 168 Orbital region. | 207 Rib. |
| 169 Os magnum. | 208 Sacroiliac synchondrosis. |
| 170 Palate bone. | 209 Sacral region. |
| 171 Palmar arch. | 210 Sacrum. |
| 172 Pancreas. | 211 Salivary glands. |
| 173 Parietal bone. | 212 Saphenous vein, external. |
| 174 Parietal region. | 213 Saphenous vein, internal. |
| 175 Parotid. | 214 Sartorius. |
| 176 Patella. | 215 Scalp. |
| 177 Pectoral muscles. | 216 Scaphoid (carpal). |
| 178 Pelvis. | 217 Scaphoid (tarsal). |
| 179 Penis. | 218 Scapula. |
| 180 Pericardium. | 219 Scapula region. |
| 181 Perineum. | 220 Sciatic nerve, great. |
| 182 Periosteum. | 221 Sclera. |
| 183 Peritoneum. | 222 Scrotum. |
| 184 Peronei muscles. | 223 Semilunar. |
| 185 Phalanx. | 224 Seminal vesicles. |
| 186 Pharynx. | 225 Shoulder. |
| 187 Phrenic nerve. | 226 Shoulder joint. |
| 188 Pisiform. | 227 Sigmoid. |
| 189 Plantar arch. | 228 Skull, base. |
| 190 Pleura. | 229 Skull, vault. |
| 191 Pons. | 230 Sphenoid. |
| 192 Popliteal artery. | 231 Spinal cord. |
| 193 Popliteal nerve. | 232 Spinal meninges. |
| 194 Popliteal space. | 233 Spinal column. |
| 195 Pneumogastric nerve. | 234 Spinous process. |
| 196 Prostate. | 235 Spleen. |
| 197 Psoas. | 236 Sternal region. |
| 198 Pubic bone. | 237 Sternoclavicular. |
| 199 Quadriceps extensor fem-
oris. | 238 Sternocleidomastoid. |
| 200 Radial artery. | 239 Sternum. |
| 201 Radial nerve. | 240 Stomach. |
| 202 Radiocarpal. | 241 Subacromial. |
| 203 Radius. | 242 Subclavicular. |
| | 243 Subdural. |

244 Sublingual.	273 Tibial nerve, posterior.
245 Submaxillary.	274 Tibialis anticus.
246 Submental.	275 Toe.
247 Supraclavicular.	276 Tongue.
248 Supraorbital.	277 Tonsil.
249 Suprapubic.	278 Trachea.
250 Suprarenal.	279 Trapezium.
251 Suprascapular.	280 Trapezius.
252 Suprasternal.	281 Trapezoid.
253 Symphysis, inferior max- illary.	282 Trunk.
254 Symphysis, pubis.	283 Tympanum.
255 Tarsometatarsal joint.	284 Ulna.
256 Tarsus.	285 Ulnar artery.
257 Teeth.	286 Ulnar nerve.
258 Temporal artery.	287 Umbilical.
259 Temporal bone.	288 Unciform.
260 Temporal region.	289 Upper extremity.
261 Temporomaxillary.	290 Ureter.
262 Tendo-achilles.	291 Urethra.
263 Tendon.	292 Urogenital.
264 Testicle.	293 Uterus.
265 Thigh.	294 Uvula.
266 Thorax.	295 Vein.
267 Thumb.	296 Ventral.
268 Thyroid gland.	297 Ventricle.
269 Tibia.	298 Vertebra.
270 Tibial artery, anterior.	299 Vitreous.
271 Tibial artery, posterior.	300 Vomer.
272 Tibial nerve, anterior.	301 Wrist.
	302 Zygoma.

■ 60. STANDARD TERMS FOR OPERATIONS.—The standard terms for operations listed below will be used as a guide in preparing records of sick and wounded. It is not intended that they shall be rigidly adhered to, but as far as practicable they will be substantially followed. When operations are performed for which no terms are furnished herein or for which the terms given are general in character, they will be recorded with such scientific terms commonly applied to them by the profession as will briefly and accurately describe them. When new terms are inserted in the list they will be placed in their

proper alphabetical order and assigned numbers within the limits of the numerical code now present. In using this list paragraph 17 will be complied with.

0010 Adenoidectomy.	0240 Bladder, plastic repair.
0020 Adenoidectomy and tonsilectomy.	0250 Blepharoplasty.
0030 Advancement of eye muscle.	0260 Blood vessels, other operations.
0040 Amputation, lower extremity, all or in part.	0270 Bone graft, lower extremity.
0050 Amputation, upper extremity, all or in part.	0280 Bone graft, upper extremity.
0060 Aneurysmorrhaphy.	0290 Bone plate, removal of, lower extremity.
0070 Aponeurosis, division of.	0300 Bone plate, removal of, upper extremity.
0080 Aponeurosis, excision of.	0310 Bone rebroken and set for faulty union, lower extremity.
0090 Appendectomy.	0320 Bone rebroken and set for faulty union, upper extremity.
0100 Arteriorrhaphy.	0330 Bone, resection of.
0110 Arteriotomy.	0340 Brain cyst, drainage.
0120 Artery, ligation.	0350 Brain cyst, excision.
0130 Arthrectomy, complete lower extremity.	0360 Brain, other operations.
0140 Arthrectomy, complete upper extremity.	0370 Breaking up of adhesions.
0150 Arthrectomy, partial, lower extremity.	0380 Bursa, aspiration.
0160 Arthrectomy, partial, upper extremity.	0390 Bursa, excision.
0170 Arthroclasia, lower extremity.	0400 Bursa, incision.
0180 Arthroclasia, upper extremity.	0410 Canthoplasty.
0190 Arthrodesis.	0420 Canthotomy.
0200 Arthroplasty, lower extremity.	0430 Capsulorrhaphy.
0210 Arthroplasty, upper extremity.	0440 Cardiorrhaphy.
0220 Arthrotomy, lower extremity.	0450 Cataract extraction.
0230 Arthrotomy, upper extremity.	0460 Cauterization.
	0470 Cecectomy.
	0480 Cecostomy.
	0490 Celiotomy.
	0500 Chalazion operation.

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| 0510 Cholecystectomy. | 0820 Drainage. |
| 0520 Cholecystotomy. | 0830 Ear, removal foreign
body. |
| 0530 Chondrectomy. | 0840 Enterocolostomy. |
| 0540 Chondrotomy. | 0850 Enteroenterostomy. |
| 0550 Circumcision. | 0870 Enterostomy. |
| 0560 Clot, removal. | 0880 Enterotomy. |
| 0570 Colectomy, partial. | 0890 Enucleation, simple. |
| 0580 Colostomy. | 0900 Enucleation, with im-
plantation. |
| 0590 Colotomy. | 0910 Epididymectomy. |
| 0600 Conjunctival kerato-
plasty. | 0920 Epididymotomy. |
| 0610 Connective tissue, ex-
cision of. | 0930 Epilation. |
| 0620 Connective tissue, in-
cision of. | 0940 Esophagorrhaphy. |
| 0630 Curettement. | 0950 Esophagostomy. |
| 0640 Cystectomy, complete. | 0960 Esophagotomy. |
| 0650 Cystectomy, partial. | 0970 Evisceration. |
| 0660 Cystorrhaphy. | 0980 Excision of (specify). |
| 0670 Cystoscopy. | 0990 Exploratory incision. |
| 0680 Cystostomy perineal. | 1000 Extirpation of lacrimal
sac. |
| 0690 Cystostomy suprapubic. | 1010 Extraction of frag-
ments of missile. |
| 0700 Cystostomy transperi-
toneal. | 1020 Extraction of tooth. |
| 0710 Debridement. | 1030 Eye, other operations. |
| 0720 Debridement with pri-
mary suture. | 1040 Eye, removal of foreign
body. |
| 0730 Debridement with Car-
rel's treatment. | 1050 Fistula, excision. |
| 0740 Debridement with
drainage. | 1060 Fistula, incision. |
| 0750 Decompression. | 1070 Foreign body, removal
of. |
| 0760 Decortication. | Fracture, closed treat-
ment of: |
| 0770 Depressed fragments,
elevation of. | 1080 With Buck's trac-
tion. |
| 0780 Dilatation. | 1090 With external
splints. |
| 0790 Dilatation of lacrimal
duct. | 1100 With Hodgen's
splints. |
| 0800 Disarticulation. | |
| 0810 Discussion of cataract. | |

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| 1110 | With Jones's trac- | | Hernia: |
| | tion. | 1370 | Femoral, repair. |
| 1120 | With other meth- | 1380 | Inguinal, repair. |
| | ods. | 1390 | Lumbar, repair. |
| 1130 | With plaster of | 1400 | Strangulated, open |
| | Paris. | | reduction. |
| | Fracture, compound | 1410 | Umbilical, repair. |
| | closed, treatment of: | 1420 | Ventral, repair. |
| 1140 | With Buck's trac- | | Hydrocele: |
| | tion. | 1430 | Aspiration and in- |
| 1150 | With external | | jection. |
| | splints. | 1440 | Eversion of sac |
| 1160 | With Hodgen's | | (bottle opera- |
| | splints. | | tion). |
| 1170 | With Jones's trac- | 1450 | Excision. |
| | tion. | 1460 | Hysterectomy. |
| 1180 | With plaster of | 1470 | Incision. . |
| | Paris. | 1480 | Incision and curette- |
| | Fracture, open treat- | | ment. |
| | ment of: | 1490 | Incision and drainage. |
| 1190 | By hand. | 1500 | Incision of lacrimal sac. |
| 1200 | By bone graft. | 1510 | Insertion of Carrel |
| 1210 | By plate. | | tubes. |
| 1220 | By suture. | 1520 | Intestinal resection. |
| 1230 | By wiring. | 1530 | Intestines, other opera- |
| 1240 | Other method. | | tions. |
| 1250 | Fracture, removal of | 1540 | Intubation. |
| | fragments. | 1550 | Iridectomy. |
| 1260 | Gastrectomy, complete. | 1560 | Iridotomy. |
| 1270 | Gastrectomy, partial. | | Joint, aspiration of: |
| 1280 | Gastroenterostomy. | 1570 | Lower. |
| 1290 | Gastrorrhaphy. | 1580 | Upper. |
| 1300 | Gastrostomy. | | Joint, aspiration and |
| 1310 | Gastrotomy. | | injection: |
| 1320 | Glossectomy, complete. | 1590 | Lower. |
| 1330 | Glossectomy, partial. | 1600 | Upper. |
| 1340 | Hemorrhoids, clamp | | Joint, dislocation: |
| | and cautery. | 1610 | Closed reduction, |
| 1350 | Hemorrhoids, ligation. | | lower. |
| 1360 | Hepatorrhaphy. | | |

- 1620 Closed reduction,
upper.
- 1630 Open reduction,
lower.
- 1640 Open reduction,
upper.
- Joints, excision neo-
plasm, synovial folds,
etc.:
- 1650 Lower.
- 1660 Upper.
- Joint, removal foreign
or loose bodies:
- 1670 Lower.
- 1680 Upper.
- Joint, resection of:
- 1690 Lower.
- 1700 Upper.
- 1710 Kidney, removal of for-
eign bodies.
- 1720 Laminectomy.
- 1730 Laryngectomy, c o m-
plete.
- 1740 Laryngectomy, partial.
- 1750 Laryngoscopy.
- 1760 Laryngotomy.
- 1770 Larynx, plastic repair.
- 1780 Larynx, removal foreign
body.
- 1790 Litholopaxy.
- 1800 Lithotomy, suprapubic.
- 1810 Lithotomy, perineal.
- 1820 Liver, other operations.
- 1830 Lungs, removal foreign
body.
- 1840 Lymphadenectomy.
- 1850 Mastoidotomy.
- 1860 Mouth, plastic repair.
- 1870 Myectomy.
- 1880 Myorrhaphy.
- 1890 Myotomy.
- 1900 Nasal cavity, cauteriza-
tion.
- 1910 Nasal cavity, excision
neoplasm.
- 1920 Nasal cavity, plastic re-
pair.
- 1930 Nephrectomy.
- 1940 Nephrolithotomy.
- 1950 Nephropexy.
- 1960 Nephrorrhaphy.
- 1970 Nephrotomy.
- 1980 Neurectomy.
- 1990 Neurolysis.
- 2000 Neurorrhaphy.
- 2010 Neurotomy.
- 2020 No operation.
- 2030 Nose, plastic repair.
- 2040 Orchidectomy.
- 2050 Orchidotomy.
- 2060 Ostectomy, complete.
- 2070 Ostectomy, partial.
- 2080 Osteotomy.
- 2090 Pancreas, operation.
- 2100 Paracentesis.
- 2110 Paracentesis cornea.
- 2120 Paracentesis ventriculi.
- 2130 Pericardiorrhaphy.
- 2140 Pericardiotomy.
- 2150 Periostotomy.
- 2160 Peritoneum, drainage.
- 2170 Pharyngotomy.
- 2180 Phlebectomy.
- 2190 Phlebotomy.
- 2200 Plastic on lids.
- 2210 Plastic repair of face.
- 2220 Plastic repair of rectum.
- 2230 Plastic repair of skin.
- 2240 Plastic repair of other
parts.

- 2250 Plastic repair of testicle.
2260 Plastic repair with celluloid splints.
2270 Plication.
2280 Pneumorrhaphy.
2290 Pneumothorax, artificial.
2300 Pneumonotomy.
2310 Proctectomy.
2320 Proctoscopy.
2330 Prostatectomy, perineal.
2340 Prostatectomy, suprapubic.
2350 Prostatotomy.
2360 Pterygium, operation for.
2370 Ptosis, operation for.
2380 Pulmonary abscess, drainage.
2390 Reamputation.
2400 Rectum, divulsion.
2410 Removal of foreign body from bladder.
2420 Removal of foreign body from bronchus.
2430 Removal of foreign body from nasal cavity.
2440 Removal of foreign body from pleura.
2450 Rib resection with drainage.
2460 Saemisch operation.
2470 Salivary glands, operation.
2480 Sclerocorneal trephining.
2490 Sclerotomy.
2500 Sequestrotomy.
2510 Silver wire removal, lower extremity.
2520 Silver wire removal, upper extremity.
2530 Sinusotomy, ethmoidal.
2540 Sinusotomy, frontal.
2550 Sinusotomy, maxillary.
2560 Sinusotomy, sphenoidal.
2570 Skin grafting.
2580 Spinal injection.
2590 Spinal puncture.
2600 Splenectomy.
2610 Splenorrhaphy.
2620 Staphyloma, operation for.
2630 Stomach, other operations.
2640 Submucous resection.
2650 Suprarenal glands, operation on.
2660 Suture.
2670 Suture, secondary.
2680 Symblepharon, operation for.
2690 Tarsorrhaphy.
2700 Tendon transplantation.
2710 Tendons, other operations.
2720 Tenoplasty.
2730 Tenorrhaphy.
2740 Tenosynovectomy.
2750 Tecotomy.
2760 Tenotomy of eye muscle.
2770 Thoracentesis.
2780 Thoracoplasty.
2790 Thoracotomy, with drainage.

2800 Thyroidectomy, complete.	2900 Turbinectomy.
2810 Thyroidectomy, partial.	2910 Urethra, plastic repair.
2820 Tongue, other operations.	2920 Urethrotomy, external.
2830 Tonsillectomy.	2930 Urethrotomy, internal.
2840 Trachea, removal foreign body.	2940 Varicocelelectomy.
2850 Tracheotomy.	2950 Vasectomy.
2860 Trachoma, expression.	2960 Vasotomy.
2870 Transfusion.	2970 Vein, infusion of.
2880 Trephining.	2980 Vein, ligation of.
2890 Trichiasis, operation.	2990 Vesiculectomy, seminal.
	3000 Wound, opened and packed.

SECTION VIII

CLINICAL RECORDS

■ 61. WHEN AND WHERE REQUIRED.—*a. In hospitals.*—A clinical record of every patient will be kept by fixed hospitals in time of peace or war, excepting those serving in a theater of operations. Clinical Record Brief (Form No. 55a, M. D.), and Clinical Record Treatment (Form No. 55j, M. D.), will be used in every case, except as noted in *c* below; the other lettered blanks of Form No. 55, M. D., will be used as the nature or importance of the case may warrant.

b. For serious cases treated in quarters.—A similar clinical record will be kept for all serious cases treated in quarters. Upon the discontinuance of treatment because of the completion of the case or the patient's departure from the station or command, the record will be filed in the hospital office.

c. The clinical record which is received with the transfer slip for a patient transferred from one general hospital to another, via a United States Army transport, will be transmitted to the commanding officer of the receiving hospital. In order that the clinical record of patients will be continuous the transport surgeon will enter in duplicate on Clinical Record Progress (Form No. 55g, M. D.), notes of any changes in the condition of the patient or special treatment given, while en route, and any other information considered

of interest to the receiving hospital. The original form will be attached to the clinical record, and the duplicate filed on the transport.

■ 62. **BEDSIDE NOTES.**—The bedside notes (Form 68, M. D.) kept by the nurse are for temporary use. They will not be filed with the clinical record but may be destroyed or retained at the discretion of the commanding officer of the hospital.

■ 63. **TRANSFER TO ANOTHER WARD.**—Upon the transfer of a patient from one ward of the hospital to another, the clinical record will be sent with him to the new ward, the fact of transfer being noted thereon.

■ 64. **DISPOSITION UPON COMPLETION OF CASE.**—Upon the departure of a patient from the hospital, all of the sheets of the clinical record will be arranged in their proper order, all entries completed, fastened together at the top, and signed by the ward officer. It will then be sent to the registrar's office with the next morning report of the ward.

■ 65. **FILE.**—The clinical records of all completed cases will be immediately filed in the sequence of the register numbers.

SECTION IX

CLINICAL INDEXES

■ 66. **REGISTER INDEX.**—A nominal card index of the sick and wounded will be kept on Form 52a, M. D., in time of peace or war by all hospitals wherever they may be located. Only one index card will be used for each patient whose name appears in the register of sick and wounded or who is treated in a hospital in a theater of operations where registers are not required. When a register card is started and its number determined, the register index will be searched for previous admissions of the patient. If an index card is found, the new register number will be entered thereon immediately under the number of the past previous admission, but if an index card is not found one will be prepared at once. These index cards will be filed alphabetically in dictionary order according to the last names of the patients and will be similarly further subdivided and filed according to their

first names. In a theater of operations the register index card will serve as a nominal list of patients and also will be used for the purpose of recording brief clinical notes, extracts from field medical records, and other data pertaining to the patient and deemed desirable by hospital commanders.

■ 67. DIAGNOSIS INDEX.—*a.* A card index, called the "Diagnosis Index," of all diseases or injuries treated and of all operations performed will be kept by all fixed hospitals in time of peace and by all hospitals in the zone of the interior in time of war. The nominal index card (Form 52a, M. D.) will be used for this purpose.

b. For the purpose of this index the number assigned by paragraph 58 to each disease or injury, by paragraph 59 to each anatomical location, or by paragraph 60 to each operation will be utilized. To distinguish the numbers designating primary diseases, intercurrent diseases, complications, sequelae, injuries, operations, etc., a prefix will be placed before each, as follows: The letter "a" with the number for any original diagnosis; "b" for all intercurrent diseases, complications, sequelae; "c" for all operations; and "d" for all locations.

c. In a hospital which is required to keep a diagnosis index, upon the completion of any case the register number, with the prefix letter to designate it as a primary or as an associated disease or injury, will be entered on the proper cards with the other data immediately following enclosed in parenthesis. To illustrate:

(1) A patient, register number 320, was treated in hospital for measles, with a complicating bronchopneumonia and suppurative pleurisy. An operation of "rib resection with drainage" was performed. The data would then be entered on four cards and appear as follows:

Measles (4860): (a) 320—(b 6690, b 6710, c 245).

Pleurisy suppurative (6690): (b) 320—(a 4860, b 6710, c 245). Pneumonia, broncho (6710): (b) 320—(a 4860, b 6690, c 245). Rib resection with drainage (245): (c) 320—(a 4860, b 6690, b 6710).

(2) In a similar way, a case admitted with a compound fracture of the femur, who while in hospital developed lobar

pneumonia, and who was treated with Hodgen's splint, would be indexed as follows:

Fracture, compound (9690): (a) 450-(b 6730, c 116, d 077).

Pneumonia, lobar (6730): (b) 450-(a 9690, c 116, d 077).

Fracture, closed treatment of (116): (c) 450-(a 9690, b 6730, d 077).

d. Subsequent entries will be made on these same cards as cases occur. In each case, the register number will be entered immediately below the preceding one. From the index cards thus prepared, it will be possible to utilize the register cards and clinical records for professional study and for the preparation of any reports needed by the hospital or called for by higher authorities.

■ 68. **DISABILITY INDEX.**—All hospitals required to keep a diagnosis index (par. 82) will keep a similar index, called the "Disability index," for all cases discharged from the military service on a certificate of disability.

■ 69. **DEATH INDEX.**—All hospitals required to keep a diagnosis index (par. 67) will keep a similar index, called the "Death index," for all cases that terminate in death.

■ 70. **OUT-PATIENT INDEX.**—*a. Where kept and forms used.*—In peacetime, and in fixed establishments in the zone of the interior in wartime, an out-patient index will be maintained in every military hospital or dispensary. Form 52a, M.D., will be used for this purpose.

b. Character of patients to be indexed and data to be recorded.—In this index a brief record will be kept of every patient treated, both military and civilian, who is not carded, or is "carded for record only" on the register of sick and wounded. In each case the date will be recorded, with the diagnosis, or in lieu of this a brief note with reference to symptoms, physical signs, etc., and a brief note in regard to the treatment prescribed (see par. 4c).

c. Method of filing.—The records of the out-patients treated during any calendar month will be kept in a separate alphabetical file known as the "Out-patient Index, Current Month," until the necessary data have been compiled to accomplish

space 7 on Form 51, M.D. Thereafter the cards will be placed in one general alphabetical file known as the "Out-patient Index, General File." If the patient subsequently applies for out-patient treatment, the card showing the record of his previous treatment will be withdrawn from the general file and placed with that for the current month, the necessary notations being added.

d. Modifications authorized.—The senior medical officers on duty at the larger hospitals or dispensaries are authorized to modify or enlarge the system herein prescribed as the professional services may warrant, even to the extent of maintaining separate out-patient indexes for the various services or clinics in operation thereat. The essential requirement is that a record be kept of every out-patient treated.

SECTION X

CURRENT STATISTICAL REPORTS, TABLES, AND CHARTS

■ 71. GENERAL.—*a. Current statistical reports.*—Current statistical reports as follows will be rendered by the surgeon of every post, camp, or station or separate command which is attended by a medical officer or by a contract surgeon, in accordance with the instructions prescribed herein and also with the specific instructions printed on such special forms as are furnished, except insofar as the latter are in conflict with these and other regulations:

- (1) Statistical Report (Forms Nos. 86ab and 86c, M. D.).
- (2) Special telegraphic reports of epidemic diseases.
- (3) Special reports of acute communicable diseases prevailing at stations required when troops are transferred.
- (4) Reports of acute communicable diseases occurring in a command en route to a new station.
- (5) Reports of acute communicable diseases, births, and deaths to civil health authorities, and
- (6) Reports of births and deaths to the United States Bureau of the Census.

b. Tables and charts of disease rates.—Tables and charts of disease rates will be compiled and kept available as prescribed in paragraph 78.

■ 72. STATISTICAL REPORT.—*a. Object.*—The chief object of the statistical report is to furnish, for the purpose of efficient administration, to The Surgeon General, surgeons of corps areas and departments, senior medical officers of stations, commands in the field, and corresponding officials with expeditionary forces (chief surgeons, section surgeons, surgeons of armies, corps, divisions, stations, etc.), general statistical information relative to the number of sick, injured, and battle casualties; bed status in hospitals; first occurrence, increase, and flow, of the more important communicable diseases; and the status of personnel and transportation of the various stations and commands in the Army.

b. Plan of the report.—(1) *Number of sections.*—The statistical report consists of three sections in each of which is incorporated special information required by the various divisions of The Surgeon General's Office and the office of the chief surgeon in a theater of operations.

(2) *Arms and services reported on.*—Certain sections of the report (third section) relate solely to the Medical Department personnel, transportation, matériel, etc., and all personnel, etc., attached thereto; while other sections (first and second sections) include statistical data covering the entire command of which the Medical Department detachment or unit forms an integral part.

(3) *Description of sections.*—The sections, which will be made in triplicate, are designed to furnish the following information:

(a) First and second sections (Form 86ab), data concerning sick, injured, battle casualties, hospitalization, and the movement of communicable diseases.

(b) Third section (Form 86c), statistics of Medical Department personnel, other personnel attached to the Medical Department for duty, and transportation and matériel available for utilization by the Medical Department.

(4) *Initial, final or corrected reports.*—When an initial report is rendered for any station or command, the fact will be so noted by the words "INITIAL REPORT" written immediately below the words "Statistical Report" on Form 86ab; similarly, when a final or corrected report is submitted for any station or command the words "FINAL REPORT" or

"CORRECTED REPORT" will be entered just below the words "Statistical Report" on Form 86ab.

c. By whom rendered.—Reports will be rendered by the surgeon of every separate station or command (excluding substations of harbor defense commands), including all such as are under the direct control of the War Department; and also one each for the National Guard, Officers' Reserve Corps, Reserve Officers' Training Corps, Citizens' Military Training Camps, etc., at each Federal training camp for the training period only.

d. Time interval for rendition.—Unless otherwise directed by competent authority, the first and second sections of this report normally will be rendered weekly to include data appearing on the morning report submitted on Saturday morning for the period ending the preceding midnight, and the third section monthly to include data up to midnight of the last day of the month. (For method of computing a morning report "day" see AR 345-400.) When a hospital is closed or a command is discontinued, final reports covering the unreported period will be promptly rendered. Under exceptional circumstances any section of the report may be required daily.

e. Channels through which rendered.—(1) *In peacetime.*—Within the continental limits of the United States and in the oversea departments, the original of the triplicate statistical report will be forwarded to the surgeon of the corps area or department within which the station or command is geographically located, one carbon copy forwarded directly to The Surgeon General and one carbon copy retained; except that detachments, regiments, and other organizations forming a part of a division (operating as a unit), camp, or subordinate administrative district will render reports in duplicate only, retaining the carbon copy and forwarding the original to the next higher authority who will consolidate the reports of the units under his jurisdiction in triplicate and forward as directed above.

(2) *In time of war.*—(a) *In a theater of operations.*—The original of the triplicate report will be forwarded through medical channels for consolidation in such administrative offices as may be directed by competent authority, one carbon copy

forwarded directly to the chief surgeon of the expeditionary or similar force, and the second carbon copy retained; except that detachments, regiments, and other organizations forming a part of a division (operating as a unit), camp, or subordinate administrative district will render reports in duplicate only, retaining the carbon copy and forwarding the original to the next higher medical authority who will consolidate the reports of the units under his jurisdiction in triplicate and forward as directed above for a theater of operations.

(b) *In the zone of the interior.*—These reports will be rendered as in (1) above unless otherwise directed by competent authority.

f. Personnel to be included.—(1) *Regular Army.*—In peacetime, officers, Army nurses, cadets, warrant officers, and enlisted men of the Regular Army only will be included in the patients' table and in that of communicable diseases (Form 86ab). Personnel of the Navy or Marine Corps on the active list, training personnel (see (2) below), retired officers, discharged enlisted men, applicants for enlistment, general prisoners, beneficiaries of the Soldiers' Home, beneficiaries of the Veterans' Administration, and members of the families of officers and enlisted men, or other civilians will not be included in these tabulations.

(2) *Training units.*—In peacetime, National Guard personnel, officers and enlisted men of the Officers' and Enlisted Reserve Corps, members of Reserve Officers' Training Corps units, members of Citizens' Military Training Camps, and other individuals receiving military instruction will not be included with the personnel of the Regular Army, but separate reports will be made for each of these groups and the heading of Form 86ab amended accordingly. Patients in hospital at the close of training will be carried as civilians on the regular station report.

(3) *War personnel.*—In time of war, both in the zone of the interior and a theater of operations, all military personnel will be included in these tabulations; only one consolidated report being submitted for any one station or command.

g. Method of obtaining mean strength.—(1) *General.*—A weekly mean strength will be obtained by adding the 7 daily strengths of the command, including all military per-

sonnel for whom the sick or wounded are accounted in the patients' table (Form 86ab), to the number of military patients from other commands in hospital each day for the 7 days, and dividing the sum by 7.

(2) *Transferring commands*.—All commands or detachments transferring informally to general or other military hospitals will account for their own strength less the actual daily number of patients who have been transferred to and are receiving treatment in other military hospitals. Similarly, general or other receiving hospitals to which such cases are informally transferred will include, in addition to the strength of their own command, only the number of patients from other commands in hospital each day; in other words, only the duty personnel and patients.

(3) *Harbor defense commands*.—When a consolidated report is rendered by the headquarters of a harbor defense command, it will include the strength of all the stations comprising the command.

(4) *Training units*.—The strength reported for training units will include only the training personnel. All personnel of the Regular Army on duty with the training units will be reported on the return rendered for the former.

h. Designation of unit.—In peacetime, and in the zone of the interior in time of war, complete identification of the units by station, name, and place will be made; but in a theater of operations the numerical designation of the unit only will be given.

i. Designation of time.—The month, day, and year will be indicated specifically. Figures will not be used to indicate the month. In telegraphic reports, omit the year.

j. Instructions for entering data in patients' table (Form 86ab).—(1) *Military patients*.—Military patients from command who are admitted to hospital or quarters during the period covered by the report will be shown as "Admitted from command since last report (E)."

(2) *Transferred cases*.—All cases admitted and disposed of during the period by formal transfer and all cases informally transferred will be shown by the transferring hospital as "Admitted from command since last report (E)," and will be disposed of on the line "Transferred to other hospitals

since last report (I).” The receiving hospital will account for such cases in the line “Admitted by transfer or change of status since last report (F).”

(3) *Cases carded for record.*—(a) *Ordinary cases.*—Cases carded for record only will be taken up on the line “Admitted from command since last report (E),” and disposed of on line “Otherwise disposed of since last report (K),” except in case of death where the case will be disposed of on line “Died since last report (J),” and the cause shown on line “Causes of the deaths entered on line J (Z).”

(b) *Killed in action cases.*—Cases killed in action which are carded for record only, for the purpose of this report, will be entered only on line (N), and will not be included under the caption “Battle casualty” on lines (E) and (J).

(4) *Patients in civil hospitals.*—Patients treated in other than military hospitals with the knowledge and consent of the military authorities, as in the Canal Zone hospitals or in civil hospitals, will be taken up in the hospital column on line “Admitted from command since last report (E),” and disposed of in the patients’ table as though treated in a military hospital, but note to that effect will be entered under “Remarks (V)” (Form 86ab), stating the name of the hospital and the number of patients under treatment. Such patients will not be included in the Report of Hospitalization (Form 86ab).

k. Instructions for entering data in Communicable Diseases Table (Form 86ab).—(1) *General.*—All communicable diseases occurring among the personnel carried in the patients’ table (Form 86ab), including military patients receiving treatment in other than military hospitals, but with the exception of cases informally transferred ((3) below) will be accounted for in the table of “Communicable Diseases,” in column “From command and by change of disease classification (S).”

(2) *Diseases to be reported.*—The communicable diseases to be reported will be those listed under “Special Instructions” on Form 86ab, and others of special interest.

(3) *Informal transfers.*—Cases informally transferred will not be included in the report of “Communicable Diseases” by the transferring station (due to insufficient time to arrive

at a correct diagnosis) but will be taken up by the receiving hospital and properly accounted for in the column "From command and by change of disease classification (S)."

(4) *Associated diseases.*—Should a communicable disease develop in a patient already in hospital or quarters, it will be taken up in the column "From command or by change of disease classification (S)"; similarly, should a new communicable disease arise during the course of another communicable disease, it will be reported in the column "From command and by change of disease classification (S)." Each disease will be carried until it terminates.

(5) *Change in classification.*—Should a change in the classification of a communicable disease occur in a patient remaining from last report, the case will be dropped from the old heading in the column "Diseases disposed of since last report" and taken up in the column "From command and by change of disease classification (S)" under the new heading; the fact will be so noted in the space "Remarks (V)" (Form 86ab).

(6) *Readmission of communicable diseases.*—A readmission to hospital or quarters for a communicable disease formerly treated will be taken up in the column "From command and by change of disease classification (S)" and the fact so stated under "Remarks (V)."

(7) *Specific instructions in regard to recording venereal diseases.*—(a) *All cases to be recorded.*—All cases of venereal disease which are recorded on Form 52, M. D. (Register Card) as a cause of admission, change of diagnosis, or complication will be entered in the column "From command and by change of disease classification (S)." Any such cases carded for record only will be dropped on the same report in the column "Diseases disposed of since last report."

(b) *Classes of cases designated by "Old," "New," and "Long."*—Under the heading "Venereal cases from column (S)", a notation will be made showing how many of the cases of venereal disease so recorded in the column "From command and by change of disease classification (S)" are "Old" (that is, previously reported at either the reporting station or at some other station), how many of the cases are "New" (that is, cases not previously reported at any military station and

of less than six months' duration), and how many are "Long" (that is, cases not previously reported at any military station and of more than six months' duration). The notation should then read:

	"Old"	"New"	"Long"
Chancroid -----	0	1	0
Syphilis -----	1	2	4
Gonorrhea -----	4	1	6

(8) *Change of diagnosis on transfer card (Form 52).*—When the diagnosis on the transfer card (Form 52) is not concurred in but is changed to a communicable disease, this fact will be noted under "Remarks (V)" (Form 86ab), and the case taken up under the new classification in the column "From command and by change of disease classification (S)." If the diagnosis is changed from a communicable disease, the one from which it was changed will be dropped in column "Diseases disposed of since last report."

(9) *Communicable diseases among civilians.*—Cases of communicable diseases which occur among the civilians with the command will be listed under "Remarks (V)" (Form 86ab), but will not appear in the Patients Table nor elsewhere on this sheet.

(10) *Termination of communicable diseases.*—When any communicable disease terminates, it will be disposed of in the proper column, regardless of whether the patient remains in hospital because of some other communicable disease, noncommunicable disease, injury, or battle casualty.

(11) *Communicable diseases remaining under treatment.*—The column "Diseases remaining under treatment (U)" will show the actual number of each communicable disease remaining under treatment either in hospital or quarters at the time that the report is rendered.

1. Definition of certain terms used.—(1) *Common respiratory diseases.*—Such diseases will be included under this heading as may be confused with influenza; viz, acute catarrhal bronchitis, acute coryza, acute follicular tonsillitis, acute catarrhal pharyngitis, acute catarrhal nasopharyngitis, and acute catarrhal laryngitis. A rise in the rate for diseases of this class may be an indication of the beginning of an influenza epidemic.

(2) *Pneumonias*.—(a) *Primary*.—The term “Primary pneumonia” includes all pneumonias developing without relation to any coexisting disease, except that pneumonia developing in association with common respiratory diseases will be classed as primary pneumonia.

(b) *Secondary*.—The term “Secondary pneumonia” indicates pneumonia occurring in connection with or as a complication of other diseases; as, for example, influenza, or measles. This term should also be used to cover cases of pneumonia arising during the treatment of surgical conditions, if it is the result of an aesthetic used during an operation, or of an infection, etc., dependent upon the surgical conditions, etc.

(3) *Common diarrheas*.—Under this diagnosis will be included all cases diagnosed as colitis, diarrhea (cause determined or undetermined), fermentative diarrhea, nervous diarrhea, enteritis, mucous colitis, enterocolitis, intestinal indigestion, sigmoiditis, and intestinal toxemia (when associated with diarrhea and for which the direct cause cannot be determined).

(4) *Special diseases not listed*.—In the classification “Special—not listed” will be recorded the name of any special or important communicable disease such as anthrax, encephalitis lethargica, glanders, acute infectious jaundice, leprosy, Malta fever, rabies, tetanus, trachoma, etc., which is not elsewhere included among the diseases listed.

(5) *Fever still undiagnosed*.—The term “Fever still undiagnosed” will be used to designate fevers of undetermined origin. When a more definitive diagnosis is made, such cases will be dropped in the column “Diseases disposed of since last report”, and taken up in column “From command and by change of disease classification (S)” opposite the new disease classification.

(6) *Injury*.—In classifying patients for the patients’ table (Form 86ab) the term “injury,” other than such as are classified as “battle casualty,” covers all conditions produced by external causes. It includes all acute poisonings other than those produced by ethyl alcohol or its derivatives.

(7) *Battle casualty*.—The term “battle casualty” is defined as a traumatism or injury (including those incident to the

use or chemical agents), which occurs as the result of a hostile act on the part of a military enemy. This term includes not only cases which occur in battle at the front but also those occurring elsewhere as the result of any hostile act by the enemy, such as the bombing of installations on the line of communications or sinking of transports by submarines.

m. Causes of death.—(1) *How listed.*—The causes of all deaths listed on the line “Died since last report (J)” will be entered on the line “Causes of the deaths entered on line J (Z),” using prescribed nomenclature. Each cause of death will be followed by a number indicating the total deaths from that cause since the last report.

(2) *Primary diseases and causes of injury to be reported.*—In reporting causes of death, the primary disease or the cause of the injury which ultimately resulted in death should be given rather than the immediate one.

(a) *Disease.*—Thus, when the primary cause of death is chronic myocarditis with the immediate cause acute cardiac dilatation, the former cause will be reported. With measles as the primary disease, broncho-pneumonia the secondary or complicating cause, and acute cardiac dilatation the immediate, the cause of death will be reported not as acute cardiac dilatation, nor as broncho-pneumonia, but as measles.

(b) *Injury.*—Similarly, when a death results from an injury the cause or means will be stated, qualified as suicidal, homicidal, or accidental, rather than the character of the injury. Thus when a death results from a compound fracture of the skull caused by an automobile accident, it will be reported as “automobile accident.” The character of the injury should be added when the report is forwarded by mail, but omitted when transmitted by telegraph.

(3) *Authority to be consulted.*—The “Index of the Joint Causes of Death” prepared and published by the Bureau of the Census will be adhered to.

n. Hospitalization.—Report the bed capacity in any fixed hospital facility on the basis of 100 square feet of floor space per patient.

(1) *Normal beds.*—(a) *Fixed hospitals (AR 40-580).*—On the line provided for “normal beds” enter only the bed capacity of the wards and other rooms of the building designed

for patients' beds. Enter separately the capacity in permanent buildings and in temporary buildings.

(b) *Mobile hospitals*.—Report the bed capacity of the hospital in accordance with the Table of Organization of the unit.

(2) *Emergency beds*.—In the space provided for "Emergency beds," report the number of beds in permanent buildings, and in temporary buildings, that are set up and ready for use—

(a) In the space that is available on porches, in solaria, or elsewhere within the hospital building proper. Beds should not be set up in squad, recreation, storage, or other rooms in the hospital building proper unless they were originally designed for patient beds, and can readily be reconverted to that use.

(b) In the additional space that is made available by the reduction of floor space per bed from 100 to 72 square feet, when required by the military situation and only when approved by the War Department upon the recommendation of The Surgeon General.

(3) *Expansion capacity*.—When the requirements for bed space exceed the normal and emergency capacity of fixed hospitals, the bed space in either medical detachment or other barracks or in other space that has been made available to the surgeon for patient beds and has been prepared for the receipt and care of patients will be reported as the expansion capacity of the hospital. When the requirements for bed space in a mobile hospital exceeds the Table of Organization capacity and other space is made available to the commanding officer, such space will be reported as the expansion capacity of the unit.

(4) *Totals*.—Under each of the headings above, record the total number of beds and the number of vacant beds.

(5) *Classes of patients occupying beds*.—(a) *Military personnel*.—On these lines will be entered the data for military personnel on the active list only. Should any Navy or Marine Corps personnel be included, the fact should be so stated. Thus:

Officers (Navy 2; MC 2; Army 16) ----- 20

Warrant officers should likewise be included in brackets on the line with officers. Cadets should be entered separately on an additional line.

(b) *Beneficiaries of the Veterans Administration and of the Soldiers Home.*—The number of beneficiaries of the Veterans Administration actually in hospital will be entered in the space provided for "Beneficiaries, Vet. Adm." Beneficiaries of the Soldiers Home will be entered separate.

(c) *Training units and other civilians.*—Beds occupied by Reserve Officers' Training Corps, Citizens' Military Training Camp, Officers' Reserve Corps, or National Guard patients will be entered in brackets immediately following the designation "Other civilians, male." On the line "Other civilians, female" should be entered all female patients in hospital not Army nurses. On the report covering training units, the space for hospitalization will be left blank.

(6) *Beds actually occupied.*—This number will include all patients actually in hospital. Patients receiving treatment in civilian hospitals should not be included in the "Hospitalization" table, but should be listed in the space provided for "Remarks (V)" (Form 86ab).

o. Report of Medical Department personnel.—(1) *When rendered.*—Report of Medical Department personnel normally will be made on Form 86c on the last day of each month, unless otherwise directed by competent authority.

(2) *By whom rendered.*—It will be prepared by the senior medical officer of every station and command in the field, including commands and units under the direct control of the War Department. Thus this report will be rendered by all Medical Department schools, corps area laboratories, Medical Department training detachments, medical supply depots, headquarters, etc., even though they are not responsible for the treatment of the sick and do not render returns on Form 86ab.

(3) *Consolidated returns.*—Each administrative officer responsible for the preparation of consolidated personnel reports will insure that such reports include all Medical Department personnel (other than veterinary) within the geographical limits of the corps area.

(4) *Veterinary personnel to be reported separately.*—AR 40-2245, directs that a separate report be submitted for the commissioned and enlisted personnel of the veterinary service. Consequently, such personnel will not be included in the statistical report submitted for the medical units or detachments. When there is no commissioned veterinary officer present for duty the senior medical officer will prepare and forward the report of the enlisted veterinary personnel.

(5) *All other personnel to be included.*—In the column "Total personnel assigned to duty—present and on leave, furlough, or otherwise absent" will be entered on the proper line the total of each class, whether present or absent on leave, furlough, or otherwise absent (except when in confinement at some other station or command). All who are in confinement will be carried on the report of the station where confined. No one will be counted by any station or command as "Present or absent on leave, furlough, or otherwise absent" who, though under orders to join, has not yet done so.

(6) *Commissioned personnel.*—(a) *Notation of number of Reserve officers to be included.*—When any Reserve officers are on active duty at a station or with a command, they will be included in the total for the commissioned personnel, and the fact stated on the proper line. Thus:

Medical Corps (Reg. 16; Res. 2) ----- 18

(b) *Internes.*—If any internes are on active duty a separate heading will be entered for them on the half line just above contract surgeons.

(7) *Army nurses.*—The number of Regular, Reserve, and civilian nurses receiving special training, on duty at the station or with the command will be shown. Thus:

Army nurses (Reg. 20; Res. 5; Civ. 3) ----- 28

(8) *Enlisted personnel.*—Surgeons to whom special ratings have been allotted will note under "Remarks (6)" the number of vacancies in each class of specialists' rating still remaining unfilled. A brief statement such as "SR no vacancies" or "S. R. V. 4th class 2, 6th class 2" will suffice.

(9) *Civilian employees.*—On this line will be noted the actual number of civilian employees in service and not the authorized number.

(10) *All other personnel attached for duty.*—The total number of officers, enlisted men, and civilians from other arms and services assigned for duty with the Medical Department will be entered on designated lines.

(11) *Classification, etc.*—In order that his aptitude for various assignments may be known, the specialist classification or other special qualification of each enlisted man upon his first joining the station or command will be given under "Remarks (6)." Any change in such classification or qualification will be noted on any subsequent report covering the period during which the change takes place. In the case of each enlisted man in the first three grades who has dependents, in the same space there will be noted upon his first joining the station or command the name of the noncommissioned officer concerned and the number of his dependents. Any change in the number of dependents will be noted on any subsequent report covering the period during which change takes place.

p. Transportation.—The report will show only the number of animals and the amount of transportation actually issued to and under the control of the senior medical officer of the station or command. Transportation held in reserve in depots will not be included.

q. Consolidated reports.—(1) *Period covered.*—The surgeon of each corps area, department, or expeditionary force will compile a consolidated report each week of the data received on Form 86ab, and each month of the data received on Form 86c.

(2) *Commands included.*—These consolidated reports will embrace all commands within the geographical limits of the corps area or department, including those under the direct supervision of the War Department, and all commands in an expeditionary or other force. A list showing the commands included will accompany it.

(3) *Method of transmission.*—The consolidated reports for all corps areas, departments, and expeditionary forces will be transmitted by mail to the Surgeon General, unless it is specifically directed that they be transmitted by telegraph in coded form.

(4) *Delay for correction not authorized.*—The preparation of consolidated reports will not be delayed due to the return of reports to stations for correction, but a consolidation of the reports as received will be prepared and forwarded, together with a carbon copy of any letters to stations calling for correction.

(5) *Corrected reports.*—On receipt of corrected reports, corrected consolidated reports, or the necessary data to amend the previous report, will be prepared and forwarded to The Surgeon General.

(6) *Separate reports for training units.*—Separate consolidated reports will be made for C. M. T. C., R. O. T. C., O. R. C., N. G., etc., and rendered weekly by the corps area or department surgeon whenever training is in progress within his area.

r. Telegraphic reports.—Telegraphic reports will be rendered only when directed by competent authority or in an emergency. In addition to the telegraphic report when rendered, all sections of the report will be forwarded by mail as provided for in *e* above.

(1) *Data to be included.*—Except as indicated in (3) below, telegraphic reports will consist of all data in all sections of the statistical report marked with an asterisk (*) and, in addition, the data in column "S" (communicable diseases).

(2) *Code letter used for heading.*—Code index letters will be substituted for headings.

(3) *Data to appear only once.*—The data appearing under code index letters, A, B, and C are identical in all sections, and will appear only once in the telegram.

(4) *Compiling.*—The telegram is compiled as follows, the capital letters given being those appearing on the form:

(A) is the station—Camp Coe.

(B) is the period the report covers—January 4.

(C) is the mean strength of command during period covered by this report—officers 220, nurses 50, warrant officers 3, enlisted men 1,840.

(E) is the patients admitted from command since last report—disease 20, and injury 1.

(F) is the patients admitted by transfer or change of status since last report—disease 45, injury 4, and battle casualty 20.

- (L) is the patients remaining to be accounted for on next report—disease 70, injury 17, battle casualty 6.
- (M) is the patients fit for evacuation—74.
- (N) is the number killed in action since last report—none.
- (Z) is the causes of deaths entered on line J—pneumonia primary 1, automobile accident 1, battle casualty 1.
- (P) is bed status—Pa (normal beds) 300—Pb (emergency beds) 200—Pc (expansion capacity) 50—Pd (vacant beds) 192.
- (S) is the communicable diseases added since last report from command and by change of disease classification (excluding for telegraphic purposes all cases listed as “old,” “long,” or other readmissions)—common respiratory 6, diphtheria 4, influenza 2, measles 3, primary pneumonia 2, secondary pneumonia 1, common diarrheas 12, dysentery bacillary 1, dysentery unclassified 3, typhoid fever 2, malaria 2, gonorrhea 4, syphilis 4, tetanus 1, fever undiagnosed 4.
- (W) is the commissioned personnel assigned to duty—23.
- (X) is the Army nurses assigned to duty—25.
- (Y) is the enlisted men Medical Department assigned to duty—124.
- (5) *Form of telegraphic report.*—The complete telegraphic report will then appear as follows:

Surgwar, Washington:

A CAMP COE B JANUARY FOUR C OFFICERS TWO TWENTY NURSES FIFTY WARRANT OFFICERS THREE ENLISTED MEN EIGHTEEN FORTY E DISEASE TWENTY INJURY ONE F DISEASE FORTY FIVE INJURY FOUR BATTLE CASUALTY TWENTY L DISEASE SEVENTY INJURED SEVENTEEN BATTLE CASUALTY SIX M SEVENTY FOUR N NONE Z PNEUMONIA PRIMARY ONE AUTOMOBILE ACCIDENT ONE BATTLE CASUALTY

ONE PA THREE HUNDRED PB TWO HUNDRED PC FIFTY PD ONE NINETY TWO S COMMON RESPIRATORY SIX DIPHTHERIA FOUR INFLUENZA TWO MEASLES THREE PRIMARY PNEUMONIA TWO SECONDARY PNEUMONIA ONE COMMON DIARRHEAS TWELVE DYSENTERY BACILLARY ONE DYSENTERY UNCLASSIFIED THREE TYPHOID FEVER TWO MALARIA TWO GONORRHEA FOUR SYPHILIS FOUR TETANUS ONE FEVER UNDIAGNOSED FOUR W TWENTY THREE X TWENTY FIVE Y ONE TWENTY FOUR.

JONES.

■ 73. SPECIAL TELEGRAPHIC REPORTS OF EPIDEMIC DISEASES.—

a. Within the continental limits of the United States.—(1)

Unusual epidemic diseases.—Upon the occurrence of the first recognized initial case of yellow fever, typhus fever, cholera, or plague in any individual at a military station or with a command in the field within the continental limits of the United States, the senior medical officer on duty therewith will report it to the commanding officer of the station or command and will at the same time make immediate telegraphic report thereof to the Surgeon General and to the surgeon of the corps area.

(2) *Other epidemic diseases.*—Diseases listed under “Special Instructions” (Form 86ab) and those of special importance not listed (see par. 721(4)) will be reported in the routine statistical report, except that any communicable disease occurring at a station or in a command to such an alarming extent as to justify its immediate report will be reported by telegraph as prescribed in (1) above.

(3) *Definition of initial case.*—A case of an acute communicable disease will be considered as *an initial case*, within the meaning of this paragraph, when it occurs at a station or in a command where no other case of the same disease is present or where no other case at the station or in the command has served as a source of infection for the case in question.

b. Beyond the continental limits of the United States.—For troops serving beyond the continental limits of the

United States, the telegraphic report will be made to the department surgeon or chief surgeon of the expeditionary force in the field and to such other intermediate administrative authorities as may have been designated by the commanding general of the department or expeditionary force. If the outbreak is considered of sufficient importance, immediate telegraphic report will be made to the War Department by the commanding general of the department or expeditionary force.

■ 74. SPECIAL REPORTS OF ACUTE COMMUNICABLE DISEASES PREVAILING AT STATIONS WHEN TROOPS TRANSFERRED.—*a. When accompanied by a medical officer.*—When troops are transferred from one station to another, the senior medical officer of the station from which the troops are departing will inform the medical officer accompanying the troops of the acute communicable diseases, if any, prevailing at his station. The information so furnished will be reported to the surgeon of the new station immediately after arrival.

b. When not accompanied by a medical officer.—Should no medical officer accompany the troops changing station, the senior medical officer of the station from which the troops are departing will report by telegraph to the commanding officer of the new station the acute communicable diseases prevailing at his station. If no acute diseases prevail at the post, report will be by letter given to the officer or the enlisted man in charge of the troops being transferred who will deliver it to the commanding officer or his representative at the new station immediately upon arrival thereat.

■ 75. REPORTS OF ACUTE COMMUNICABLE DISEASES OCCURRING AMONG TROOPS EN ROUTE.—*a. When accompanied by a medical officer.*—Should acute communicable diseases occur in a command en route to a new station, the senior medical officer accompanying the troops will report the nature and extent of the outbreak by telegraph to the commanding officer of the station or command to which the troops are en route, and a duplicate of the telegram will be sent to the surgeon of the corps area or expeditionary force to which the troops are being transferred.

b. When not accompanied by a medical officer.—Should no medical officer accompany the troops changing station, the

officer or enlisted man in charge will likewise report such information as he may be able to obtain.

■ 76. REPORTS OF BIRTHS, DEATHS, AND CASES OF ACUTE COMMUNICABLE DISEASES TO CIVIL HEALTH AUTHORITIES.—*a. Medical officers required to have knowledge of civil regulations.*—The senior medical officer of each station or command will acquaint himself with the civil laws and regulations which govern the reporting of communicable diseases, of births, and of deaths in the community in which such station or command is located.

b. Character of reports required.—In accordance with such local health laws and regulations the senior medical officer will report promptly through the commanding officer to the proper civil health authority all births, deaths, and cases of communicable disease occurring at the military station or in the command. These reports are in addition to those required by the military authorities. The reports of births and of deaths become of permanent record in the office to which they are sent and are often of great legal importance; consequently, the original copy bearing the signature of the reporting officer will in all cases be forwarded.

c. Civil health authorities to be informed of duplicates submitted to the Bureau of the Census.—Since the regulations require that all births and deaths occurring at military stations or in military commands in any State, Territory, or insular possession of the United States be reported to the Bureau of the Census, Washington, D. C. (par. 77), in submitting such reports to the civil health authorities a notation will be made on the form provided, "Case reported to the Bureau of the Census."

d. Notification of communicable disease in persons separated from the military service.—Upon the separation from or rejection for enrollment in the active military service of any individual who is suffering from a reportable communicable disease, his name, prospective address, and the disease from which he is suffering will be reported to the board of health of the State in which he contemplates making his home. These instructions include the reporting of venereal diseases when the State in question requires such notification.

■ 77. REPORTS OF BIRTHS AND DEATHS TO THE UNITED STATES BUREAU OF THE CENSUS.—*a. Character of the report required.*—In addition to the reports otherwise required, all births and deaths occurring at a military station or in a military command in any State, Territory, or insular possession of the United States will be reported to the Director of the Census, Washington, D. C. These reports will be made on special forms supplied by the Bureau of the Census, which forms may be obtained by direct request to that office.

b. Bureau of the Census to be informed of report furnished to civil health authority.—When the same form is used in reporting births and deaths to the civil health authorities, a carbon copy may be forwarded to the Bureau of the Census, since such reports are used by the Bureau of the Census for tabulating vital statistics only and are not made of permanent record there. Should an original report be made, a notation will be added "Original signed report furnished to the health authorities of ——— (city or county), ——— (State)."

■ 78. TABLES AND CHARTS OF DISEASE RATES.—*a. General instructions.*—Tables and charts of disease rates based on data secured from the weekly statistical report (Form 86ab) will be compiled and kept constantly available in the office of the senior medical officer of all military stations with an average strength of 250 or above, in the office of the chief surgeon of corps areas and departments, in the office of the chief surgeon of an expeditionary force, and in the office of The Surgeon General, under such instructions as to secrecy in time of actual or threatened hostilities as may be directed.

b. Importance of comparative rates.—Successful advances in disease control are reflected in the lowering of admission, death, and noneffective rates, and the degree of success attained can usually be measured by comparing current rates with those previously existing. If the statistical data cover a period of 1 month, the current rates can often be compared to advantage with those of the previous month, frequently with those of the same month of the preceding year, and under certain circumstances with rates obtained by averaging the rates for the same month for a considerable number of years, proper weight being given to variations in strength.

c. Tables to be kept current.—Statistical tables prepared from the data obtained from the weekly report will be kept current for the following items:

- (1) Strength of command.
- (2) Annual mean noneffective rate.
- (3) Number of cases and annual admission rate per 1,000 for—
 - (a) All causes.
 - (b) Disease only.
 - (c) Venereal diseases.
 - (d) Common respiratory diseases.
 - (e) Diarrheal diseases.
 - (f) Injuries produced by external causes other than wounds received in action.

(g) Such other diseases as the conditions warrant or as may be designated from time to time by The Surgeon General or by the surgeon of an expeditionary force or corps area.

d. Current graphic statistical charts.—Current graphic statistical charts will be maintained on W. D., M. D. Form No. 85 (Vital Statistics Chart) showing the current annual rate per 1,000 by weeks or by months, of such of the data as are referred to in *c* above. These will be available at all times for examination by inspectors, commanding officers of stations, and other authorized persons.

SECTION XI

CASUALTY REPORTS

■ 79. REPORTS TO GHQ OF A FIELD FORCE AND TO RELATIVES.—

a. General.—GHQ of a field force will be supplied with nominal reports of casualties. These reports will be initiated by the Medical Department and by units of the Graves Registration Service, and forwarded to a Central Record Office. The reports will be rendered on Forms 86d and 86f, M. D. (figs. 79-80).

b. Instructions for preparation and forwarding of casualty reports.

(1) (a) *By station, surgical, evacuation, and general hospitals.*—Station, surgical, evacuation, and general hospitals will forward daily to the Central Record Office duplicate re-

ports of casualties received or disposed of and, in addition, reports of patients under treatment whose condition is so serious as to warrant information to that effect being transmitted to their relatives. The casualties to be reported will consist of all those wounded in battle or by an act of the enemy, including those affected by chemical warfare agents, all cases of serious injury other than battle casualties, and all cases of serious illness. Casualty reports will be rendered for members of all forces of the United States, for attached civilians, and for allied and enemy troops.

(b) *By medical regiments, battalions, and squadrons, and medical detachments.*—Elements of medical regiments, battalions, and squadrons, and medical detachments will forward duplicate reports of casualties daily to the surgeons of their commands for transmittal to the Central Record Office. The cases to be reported will be those dying while in the hands of these units and those killed in action for whom accurate information as to name, serial number, and emergency address can be obtained.

(c) *By the Graves Registration Service.*—Units of the Graves Registration Service will forward to the Central Record Office duplicate casualty reports of the dead initially interred or whose bodies are otherwise disposed of.

(d) *By burial parties.*—Burial parties other than members of the Graves Registration Service will prepare casualty reports in duplicate for the dead whose bodies they inter or otherwise dispose of. These reports will be prepared by medical personnel attached to such parties and be forwarded through unit surgeons to the surgeon of the command for transmittal to the Central Record Office.

(2) In cases of death, serious injury, or serious illness occurring at such places that casualty reports will not have been rendered as provided in (1) above, the medical officer who becomes cognizant of the facts will forward a casualty report in duplicate to the Central Record Office. This provision will apply in the cases of members of the armed forces of the United States and attached civilians.

(3) The casualty reports rendered under the provisions of (1) (b), (c), and (d) above will pertain to the same classes of personnel as those mentioned in (1) (a) above.

(4) At the Central Record Office the original report will be mailed immediately in a window envelope which exposes the emergency address, and by the most expeditious mail service available. If the person reported upon is a member of other United States forces, of attached civilian organizations, of allied or enemy forces, the original report will be conveyed to such other bodies in such manner as may have been agreed upon.

(5) The information on the duplicate reports will be transcribed to the personnel records of the individuals concerned. It will also be used for the preparation of telegraphic reports of casualties to the zone of the interior and for the preparation of such numerical and nominal lists of casualties as may be required by GHQ. The duplicates will thereafter be forwarded to The Surgeon General for use in studies of the medical service in a theater of operations.

■ 80. RECORDS OF CASUALTIES AT MEDICAL DEPARTMENT INSTALLATIONS, THEATER OF OPERATIONS.—*a. General.*—During combat, aid stations, stations of elements of medical regiments, battalions, and squadrons, and surgical and evacuation hospitals will record patients received and evacuated and will be prepared to supply periodic numerical and occasional nominal reports of patients as such reports may be required.

b. (1) The record of receipt and of evacuation of patients will be kept on Form 86e, M. D. (par. 8, app.), "Station Log." The sheets of the record when more than one sheet is used will be numbered consecutively, beginning with 1 for each day's use. The identifying elements of the record, viz., unit, location, date, and period will be entered on each sheet. Ordinarily, it will be possible that a sheet having been filled at the receiving section may be passed on to the forwarding section of a station for entry of disposition of the patients, but at other times it will be necessary that the forwarding section enter the record of disposition on another sheet. That this has been done will be indicated by lining out the heading "Patients received." In such cases the forwarding section will enter the patient's name, serial number, grade, and organization on the record under the heading "Patients received" and mark it duplicate (dup.).

(2) The entry of the name and serial number will be made by stamping these by means of the identification tag and a hand stamping machine. No exceptions will be made to this rule other than those inevitable because of the absence of the tag or nonavailability of the stamping machine. In these instances great care will be taken to assure that the name and serial number are entered correctly.

(3) This record will be used for the preparation of such daily or more frequent reports as may be required by unit commanders. They will also be used for the preparation of daily numerical reports of patients to regimental and similar unit surgeons, such being necessary in order that regimental surgeons may prepare the statistical reports required by Section XII. The records for each week (ending midnight Friday) will be assembled and forwarded, through medical channels, to The Surgeon General.

(4) At evacuation hospitals the "Station Log" will be used in the record office for preparation of the index of patients, see paragraph 66.

APPENDIX

EXAMPLES AND DESCRIPTIONS OF METHODS OF PREPARATION OF MEDICAL DEPARTMENT RECORDS PERTAINING TO MORBIDITY AND MORTALITY

■ 1. GENERAL.—*a.* It is essential to the purposes for which sick records are used in the administrative offices of the War Department that they have all data pertinent to a thorough presentation of the cases, that they contain no extraneous material, and that they be prepared in such manner as to facilitate their examination and the extraction of data from them. The necessity for adhering to the types of entries shown herein will be understood by medical men when it is appreciated that the records are examined and filed by clerical personnel who do not have medical training, who, therefore, are not at liberty to interpret the records, but must use them as presented.

b. Form 52, M. D., ordinarily referred to as the sick and wounded card, forms 52b and 52c, the emergency medical tag, and the field medical card are the most important report forms in use for the purposes discussed in this manual. Form 51 (Report Sheet) must be prepared with great care in order that every unit of the Army may be accounted for in the sick records. Space does not permit exhibition of the complete form in the majority of examples which are shown below, only those portions of a form are used which are pertinent to the matter illustrated.

■ 2. FORM 52 M. D. (size $3\frac{3}{4}$ by $8\frac{1}{2}$ inches.—*a.* This form is used as a register card and as a report card. In peacetime, every case of illness or injury is recorded on this form, with certain additions and exceptions (see pars. 4 and 85). The record is forwarded to the office of The Surgeon General where it is examined as to accuracy, the information borne extracted for tabulation purposes and the record transmitted to the office of The Adjutant General where it is filed with the individual's personal records.

(1) *Face of card.*

1. REGISTER NO.			
2. SURNAME		3. CHRISTIAN NAME	
4. A. S. NO.			
5. NAME	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
13. SOURCE OF ADMISSION			
14. CAUSE OF ADMISSION			
15. LINE OF DUTY			
16. INJURY CODE			
17. ADDITIONAL DIAGNOSIS, OPERATIONS			
18. PLACE OF TREATMENT			
19. DISPOSITION			
20. DATE OF DISPOSITION			
21. NAME OF HOSPITAL			
22. SENT WHEN REPORT OF S. & W. FOR MONTH OF			
23.			

Medical Corps, U. S. Army.

(2) *Back of card.*—The upper portion of this surface of the card is used for extension of entries from the face of the card.

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19.....	IN QUARTERS	IN HOSPITAL
January.....		
February.....		
March.....		
April.....		
May.....		
June.....		
July.....		
August.....		
September.....		
October.....		
November.....		
December.....		
TOTAL.....		

Aggregate patient days

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b. Examples of entries.—(1) The following example illustrates the correct record of a case treated in hospital (par. 4a) also the entry as to histological examination of tissues (par. 16b).

MEDICAL FIELD MANUAL

1. REGISTER NO.		184	
2. SURNAME		3. CHRISTIAN NAME	
Williams		John F.	
4. A. S. NO.		7864392	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt	A	6th Inf	24
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	Ga	2-4/12	Jan. 16, 1940
13. SOURCE OF ADMISSION			
Command			
14. CAUSE OF ADMISSION			

Appendicitis, acute, suppurative.

15. LINE OF DUTY	Yes
16. INJURY CODE	
17. ADDITIONAL DIAGNOSES, OPERATIONS	

Jan. 16, 1940, Appendectomy
Histological examination of specimen
reveals appendicitis, acute, suppurative.

18. PLACE OF TREATMENT	
Hosp	
19. DISPOSITION	

Duty

20. DATE OF DISPOSITION	Jan. 30, 1940
21. NAME OF HOSPITAL	
Station Hospital, Fort Jay, N. Y.	
22. SENT WITH REPORT OF S. & W. FOR MONTH OF	Jan. 1940
23.	

C. L. Smith

Lt. Col.

Medical Corps, U. S. Army.

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(2) The following example illustrates the entry of days of treatment of the case shown in (1) above.

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19 40	IN QUARTERS	IN HOSPITAL
January.....	-----	14
February.....	-----	-----
March.....	-----	-----
April.....	-----	-----
May.....	-----	-----
June.....	-----	-----
July.....	-----	-----
August.....	-----	-----
September.....	-----	-----
October.....	-----	-----
November.....	-----	-----
December.....	-----	-----
TOTAL.....	-----	14

Aggregate patient days 14

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(3) The following example illustrates the entry required under paragraph 4a in the case of an infant born in a hospital.

MEDICAL FIELD MANUAL

1. REGISTER NO.		194	
2. SURNAME	3. CHRISTIAN NAME	4. A. S. NO.	
Jones	Mary A.	---	
5. RACE	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Infant	daughter of enlisted man	---	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	N.Y.	--	Jan. 18, 1940

13. SOURCE OF ADMISSION

Par. 6 b (6) AR 40-590

14. CAUSE OF ADMISSION

Born 7:10 A.M.

Father: Alfred L. Jones, 7846319

Pvt B Co., 6th Inf., Age 32

Mother: Mary F. Jones (Allen), Age 30

15. LINE OF DUTY

16. DUTY CODE

17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT

Hospital

19. DISPOSITION

Discharged from hospital

20. DATE OF DISPOSITION

Feb. 3, 1940

21. NAME OF HOSPITAL

Station Hospital, Fort Jay, N. Y.

22. SENT WITH REPORT OF S. & W. FOR MONTH OF

Feb. 1940

23.

C. L. Smith

Lt. Col.

Medical Corps, U. S. Army.

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(4) The following example illustrates the entries as to a case treated in quarters (par. 4b).

1. REGISTER NO.		212	
2. SURNAME		3. CHRISTIAN NAME	
Williams		Henry F.	
4. A. S. NO.		7420130	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt	A	6th Inf	20
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	N. Y.	2/12	Feb. 14, 1940
13. SOURCE OF ADMISSION			

Command

14. CAUSE OF ADMISSION

Pes planus, 2nd degree, bilateral,
moderately severe. EPTE

15. LINE OF DUTY	No
16. INJURY CODE	
17. ADDITIONAL DIAGNOSES, OPERATIONS	

18. PLACE OF TREATMENT	
Qrs	
19. DISPOSITION	

Duty, improved

20. DATE OF DISPOSITION	March 16, 1940
21. NAME OF HOSPITAL	

Station Hospital, Fort Jay, N. Y.

22. SENT WITH REPORT OF S. & W. FOR MONTH OF	March 1940
23.	

C. L. Smith

Lt. Col., Medical Corps, U. S. Army.

Form 52
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1938)

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(5) The following example illustrates the entries required in a case treated where patient is not relieved from duty, the record of the treatment being considered important (par. 4c).

1. REGISTER NO.		215	
2. SURNAME		3. CHRISTIAN NAME	
Albert		William H.	
4. A. S. NO.		7913416	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt	C	6th Inf	25
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	Ind	2-8/12	Feb. 16, 1940
13. SOURCE OF ADMISSION			
Command. Carded for record only.			
14. CAUSE OF ADMISSION			
Wound, incised, $\frac{3}{4}$ inch long, thenar eminence right hand, accidentally incurred when piece of corrugated iron, which patient and another soldier were placing in police wagon, slipped and sharp corner struck patient's hand.			
15. LINE OF DUTY			
Yes			
16. INJURY CODE			
17. ADDITIONAL DIAGNOSES, OPERATIONS			
18. PLACE OF TREATMENT			
19. DISPOSITION			
Performing full duty			
20. DATE OF DISPOSITION			
Feb. 16, 1940			
21. NAME OF HOSPITAL			
22. SENT WITH REPORT OF S. & W. FOR MONTH OF			
23.			

Medical Corps, U. S. Army.

(6) The following example illustrates the entries in spaces 13, 14, 15, and 19 of an enlisted man not treated in the hospital and discharged the service because of inaptitude (par. 4e).

13. SOURCE OF ADMISSION Command. Carded for record only; not currently on the register.

14. CAUSE OF ADMISSION

Mental deficiency. Moron state. EPTE

15. LINE OF DUTY

No

19. DISPOSITION

Discharged the Service under provision of Sec. VIII AR. 615-360

20. DATE OF DISPOSITION

Feb. 16, 1940

(7) The following example illustrates the entries in spaces 1, 13, and 14 in the case of a patient transferred elsewhere for treatment (par. 4f).

1. REGISTER NO.

614 - 912

13. SOURCE OF ADMISSION

Command. Carded for transfer only; on full duty while with the command.

14. CAUSE OF ADMISSION

Diabetes mellitus, severe. (Old, this station, Sept. 14, 1939. Diabetes mellitis, mild. Register No. 614.)

(8) The following example illustrates the entries in spaces 1 and 14 in the case of a patient received by transfer (par. 4f).

1. REGISTER NO.

1846

14. CAUSE OF ADMISSION

Diabetes mellitus, severe. (Old, Station Hospital, Ft. Jay, N.Y., Sept. 14, 1939. Register No. 614).

(9) The following example illustrates the entries in the case of a patient departing from the command on sick leave (par. 4g) and returning to duty on completion of leave (par. 25b).

1. REGISTER NO. 1816 - 2016			
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION Feb. 18, 1940
13. SOURCE OF ADMISSION Command. Carded for record only; not currently on the register.			
14. CAUSE OF ADMISSION Ulcer, duodenal, mild. (Old, this hospital, Oct. 16, 1939. Ulcer, duodenal, severe. Register No. 1642).			
19. DISPOSITION Sick leave one month, improved			
20. DATE OF DISPOSITION Feb. 18, 1940			

(10) The following example illustrates the proper entry in the case of the death of a person not under treatment in quarters or hospital (par. 4h).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION Jan. 16, 1940
13. SOURCE OF ADMISSION Command. Carded for record only.			
19. DISPOSITION Death accidental, caused by complete crushing of the skull. The soldier, while at drill and riding the wheel (a)			
20. DATE OF DISPOSITION Jan. 16, 1940.			

and the following on the back of the card

(a) horse of an artillery team, was thrown to the ground when the animal reared and his skull was crushed between the gun wheel and the ground. This station, this date, 10 A.M. No autopsy.

(11) The following example illustrates the entry in a case taken up for treatment because of a complication following the extraction of a tooth. The extraction of the tooth would itself not have been made of record on Form 52, M. D. (par. 4i).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION Jan. 16, 1940
13. SOURCE OF ADMISSION Command			
14. CAUSE OF ADMISSION			

Cellulitis, severe, left side of face, secondary to extraction of carious tooth I 6, this station, Jan. 14, 1940.

(12) The following example illustrates the incorrect entries in spaces 17 and 19 in the case of a Reserve officer on active duty who reverted to an inactive status.

1. REGISTER NO.				163797			
5. RANK		6. COMPANY		7. REGIMENT AND ARM OR SERVICE		8. AGE	
				FA-Res EAD			
9. RACE		10. NATIVITY		11. SERVICE		12. DATE OF ADMISSION	
						Nov. 21, 1939	
13. SOURCE OF ADMISSION							
Command							
17. ADDITIONAL DIAGNOSES, OPERATIONS							
Nov. 30, 1939. Reverted to inactive status per Par 12, SO #117, Hq 3rd CA Baltimore, Md., dated May 19, 1939.							
19. DISPOSITION							
Discharged from hospital							
20. DATE OF DISPOSITION							
Jan. 9, 1940							

(13) The following example illustrates the correct method of recording the case of a patient whose status was changed from that of a militarized person to a civilian (par. 4j).

CORRECTION CARD

1. REGISTER NO. 163797			
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
		FA-Res EAD	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Nov. 21, 1939
13. SOURCE OF ADMISSION			

Command

19. DISPOSITION	Reverted to inactive status per Par 12, SO #117, Hq 3rd CA Baltimore, Md., dated May 19, 1939. Remaining in (a)
20. DATE OF DISPOSITION	Nov. 30, 1939 (b)

and the following on the back of the card

(a) hospital as Reserve Officer not on active duty, see Register No. 163947. (c)

(b) Corrected Entry

(c) Corrected Entry

(14) The following example illustrates the entry in space 13 in a case of a former militarized person whose status changed to that of a civilian while in hospital, and whose treatment was continued on a civilian basis (par. 4j). It also illustrates in space 19 the proper entry in the disposition of a civilian patient.

7. REGISTER NO. 163797 - 163947			
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	
		FA-Res Not on (a)	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Dec. 1, 1939
13. SOURCE OF ADMISSION Remaining in hospital from previous admission. See Reg No 163797.			
19. DISPOSITION			
Discharged from hospital			
20. DATE OF DISPOSITION Jan. 9, 1940			

and the following on the back of the card

(a) active duty. Formerly EAD.

(15) The following example illustrates the record of a case treated in a civilian hospital (par. 4k).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION July 8, 1940
13. SOURCE OF ADMISSION Command			
14. CAUSE OF ADMISSION Fracture, simple, transverse, complete, middle third femur, right, accidentally incurred while playing polo, Windale Field, near Boston, Mass., July 8, 1940, when patient's mount collided with that of another player and patient was thrown violently from his mount his right thigh striking the side board of the field.			
18. PLACE OF TREATMENT Massachusetts General Hospital, Boston (a)			
19. DISPOSITION Duty			
20. DATE OF DISPOSITION Oct. 18, 1940			
21. NAME OF HOSPITAL Station Hospital, Fort Devens, Mass.			
22. SENT WITH REPORT OF S. & W. FOR MONTH OF Oct. 1940			

and the following on the back of the card

(a) Mass. to Station Hospital Fort Devens, Mass. Aug. 22, 1940.

(16) The following example illustrates the proper method of attaching an extension slip to the report card (par. 6b).

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19_____	IN QUARTERS	IN HOSPITAL
January_____	_____	_____
February_____	_____	_____
March_____	_____	_____
April_____	_____	_____
May_____	_____	_____
June_____	_____	_____
July_____	_____	_____
August_____	_____	_____
September_____	_____	_____
October_____	_____	_____
November_____	_____	_____
December_____	_____	_____
TOTAL_____	_____	_____

Aggregate patient days _____

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(EXTENSION SLIP)

(17) The following examples illustrate the proper assignment of register numbers to cases. Register numbers are to be assigned in alphabetical order by date of admission. The three patients, James, Arthur, and Hart, were admitted on January 15. The first number of that day, 896, should have been assigned to Arthur, the second, 897, to Hart, and the third, 898, to James. However, number 898 was assigned to Ackerman on January 16; therefore, it is necessary to assign to James the half number $897\frac{1}{2}$. The second admission on January 16 was given number 899 (par. 7).

MEDICAL FIELD MANUAL

1. REGISTER NO. 897		4. A. S. NO.	
2. SURNAME		3. CHRISTIAN NAME	
Arthur		James C.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 15, 1940

CORRECTION CARD

1. REGISTER NO. 896 (a)		4. A. S. NO.	
2. SURNAME		3. CHRISTIAN NAME	
Arthur		James C.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 15, 1940

and the following on the back of the card

(a) Corrected Entry

1. REGISTER NO. 899		4. A. S. NO.	
2. SURNAME		3. CHRISTIAN NAME	
Hart		Leroy F.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 15, 1940

CORRECTION CARD

1. REGISTER NO. 897 (a)		4. A. S. NO.	
2. SURNAME		3. CHRISTIAN NAME	
Hart		Leroy F.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 15, 1940

and the following on the back of the card

(a) Corrected Entry

1. REGISTER NO. 896			
2. SURNAME		3. CHRISTIAN NAME	
James		Frederick A.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 15, 1940

CORRECTION CARD

1. REGISTER NO. 897 $\frac{1}{2}$ (a)			
2. SURNAME		3. CHRISTIAN NAME	
James		Frederick A.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 15, 1940

and the following on the back of the card

(a) Corrected Entry

1. REGISTER NO. 898			
2. SURNAME		3. CHRISTIAN NAME	
Ackerman		Franklin B.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 16, 1940

1. REGISTER NO. 899			
2. SURNAME		3. CHRISTIAN NAME	
Blake		John K.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Jan. 16, 1940

(18) The following example illustrates the incorrect entry of the name. The first name is not to be abbreviated or an initial to be used for it (par. 8).

2. SURNAME	3. CHRISTIAN NAME	4. A. S. NO.
Brown	-J. D.	

(19) The following example shows the method of correcting the improper entry of the first name. If the individual has no middle name, an entry to that effect must be made, as for example, Smith, Alfred None. If any portion of a name is peculiar to the extent that it may be considered to have been recorded erroneously, a statement should be made that the entry has been verified (par. 8).

CORRECTION CARD

1. REGISTER NO.	2. SURNAME	3. CHRISTIAN NAME	4. A. S. NO.
	Brown	John (a) D.	

and the following on the back of the card

(a) Corrected Entry

(20) The following example illustrates an improper entry of the Army serial number and the correction required (par. 9).

1. REGISTER NO.			
2. SURNAME		3. CHRISTIAN NAME	
		4. A. S. NO.	
		666, 331	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
			24
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
		3/12	

CORRECTION CARD

1. REGISTER NO.			
2. SURNAME		3. CHRISTIAN NAME	
		4. A. S. NO.	
		6,666,331(a)	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
			24
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
		3/12	

and the following on the back of the card

(a) Corrected Entry

(21) The following example illustrates an improper entry as to arm or service and the correction required (par. 10a).

5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
		M.P.	

CORRECTION CARD

1. REGISTER NO.			
2. SURNAME		3. CHRISTIAN NAME	
4. A. S. NO.			
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
	Hq. & M.P.(a)	Inf. (b)	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION

and the following on the back of the card

(a) Corrected entry.

(b) Corrected entry.

(22) The following example illustrates the original entry and the correction made necessary by the change of grade and assignment of the patient while he was still in hospital (par. 10b).

5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt	A	80th FA	

CORRECTION CARD

1. REGISTER NO.			
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt 1 cl (a)	Hq and Hq. Btry(a)	80th FA.	

and the following on the back of the card

(a) May 5, 1940. (b)

(b) Corrected Entries.

(23) The following example illustrates the entries in spaces 5, 6, and 7 in the case of a nonmilitary patient (par. 10c).

1. REGISTER NO.		1464	
2. SURNAME		3. CHRISTIAN NAME	
Jones		Arthur J.	
4. A. S. NO.		None	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Applicant for enlistment			24

(24) The following example illustrates the proper entry in the case of a garrison prisoner (par. 10d).

1. REGISTER NO.		1962	
2. SURNAME		3. CHRISTIAN NAME	
Williams		Henry F.	
4. A. S. NO.		8916416	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Garrison prisoner			
Pvt.	A	5th Inf.	24

(25) The following example illustrates the proper entry in the case of a general prisoner whose dishonorable discharge has been completed (par. 10d).

1. REGISTER NO.		4693	
2. SURNAME		3. CHRISTIAN NAME	
Philips		John C.	
4. A. S. NO.		None	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
General prisoner			
Pvt.	C	9th Inf.	22

(26) The following example illustrates the proper entry in the case of a general prisoner whose dishonorable discharge has been suspended (par. 10d).

1. REGISTER NO.		8462	
2. SURNAME		3. CHRISTIAN NAME	
Jones		Alfred K.	
4. A. S. NO.		8614913	
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Gen. Pris. D.D. Susp. Formerly			
Pvt.	F	3rd F.A.	30

(27) The following example illustrates the use of abbreviations to indicate race, "W" meaning white, and State, "Ga." meaning Georgia. It also illustrates the entry in the case of an individual who has had less than one month's military service (pars. 12, 13, and 14).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	Ga.	11/365	

(28) The following example illustrates the entry in the case of an individual with less than one year's service (par. 14).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
		8/12	

(29) The following example illustrates the entry in the case of an individual with more than a year's service (par. 14).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
		2-4/12	

(30) The following example illustrates the improper and proper methods of recording the date of admission (par. 15).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			-4/16/40-

CORRECTION CARD

1. REGISTER NO.

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			April 16, 1940 (a)

and the following on the back of the card

(a) Corrected entry

(31) The following example illustrates the most customary entry as to the source of admission. It means that the individual whose admission is recorded is a member of the military command to which a particular register of patients pertains (par. 16b).

13. SOURCE OF ADMISSION

Command

(32) The following example illustrates the record in the case of an individual assigned temporarily to the station (par. 16b).

13. SOURCE OF ADMISSION

Command B, Station Fort Jay, N. Y.

(33) The following example illustrates the incorrect and the correct entries in the case of a patient who is casually with the command (par. 16b).

13. SOURCE OF ADMISSION

Casual from Command

21. NAME OF HOSPITAL

Station Hospital
Ft. McKinley, Me.

CORRECTION CARD

1. REGISTER NO.

13. SOURCE OF ADMISSION

Casual;

Station Ft. Williams, Me.

(a)

21. NAME OF HOSPITAL

Station Hospital
Ft. McKinley, Me.

and the following on the back of the card

(a) Corrected Entry.

(34) The following example illustrates the entry in the case of a patient received by transfer (par. 16c).

13. SOURCE OF ADMISSION	Formal transfer Fort Banks
14. CAUSE OF ADMISSION	Original admission Jan. 12, 1940 Reg. No. 6482

(35) The entries in space 14 shown below indicate that all conditions known to be present when the patient is admitted are to be recorded under the cause of admission and in their proper order as to the condition which is the immediate cause for hospitalization (par. 17a and b). Diagnosis 1 shows the correct method of entering the case of fracture (par. 17d (8)). The condition entered as diagnosis 2 was cured in a few days. The fact of such cure is to be recorded immediately following the diagnosis (par. 17a). Diagnosis 3 in space 14 illustrates the proper method of recording a disease that formerly has been registered and is taken up currently as a readmission (par. 17d(13)). This particular is also illustrated in the ninth example in (45) below. The second entry in space 17 illustrates the fact that the line of duty in a case of untoward effect of treatment is to be recorded as "Yes" regardless of the line of duty of the disease for which the treatment was instituted (par. 18c(2)(b)). The entry in space 19 illustrates the proper method of recording the condition of patient upon discharge (par. 25k).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION Jan. 14, 1940
14. CAUSE OF ADMISSION			
<p>1. Fracture, simple, transverse, complete, distal third radius, right.</p> <p>2. Wound, lacerated, moderately severe, palm, right hand. Cured Jan. 20, 1940.</p> <p>1 and 2 accidentally incurred as the patient while at drill fell on his outstretched right hand in jumping over a ditch.</p> <p>3. Syphilis, latent, manifested by repeatedly positive blood and repeatedly negative spinal fluid Wassermann reactions. (Old, syphilis, primary, manifested by ulcer on glans penis and demonstration of T. (a)</p>			
15. LINE OF DUTY 1 and 2 Yes 3 No			
16. INJURY CODE			
17. ADDITIONAL DIAGNOSES, OPERATIONS			
<p>Jan. 14, 1940. Fracture closed treatment of by application of plaster of Paris cast.</p> <p>Jan. 22, 1940. Dermatitis, generalized, moderately severe, secondary to administration of neosalvarsan for treatment of syphilis. L.O.D. Yes.</p>			
18. PLACE OF TREATMENT Hospital			
19. DISPOSITION Duty, 3 improved.			
20. DATE OF DISPOSITION			

and the following on the back of the card

(a) pallidum, this station, Aug. 16, 1939, Reg. No. 1416).

(36) The following example illustrates the proper usage of the expression "cause undetermined" (par. 17d(1)).

14. CAUSE OF ADMISSION

Furuncle, acute, left post cervical,
cause undetermined.

(37) The following example illustrates the entry when the condition present so ill-defined that a positive diagnosis cannot be made (par 17d(1)).

14. CAUSE OF ADMISSION

No disease, ill defined condition of
the nervous system manifested by mild
persistent occipital headaches and
slight tremor fingers of left hand.

(38) The following example illustrates the recording of a condition arising as the result of another disease (par. 17d(2)).

14. CAUSE OF ADMISSION

1. Ulcer, perforating, third interdigital
space left foot, manifestation of dia-
betes mellitus.

2. Diabetes mellitus, moderately severe.
(Old, this station, Aug. 4, 1938 Register
No. 1896).

(39) The following example illustrates improper and correct entries in a case of pulmonary tuberculosis (par. 17d(5)).

14. CAUSE OF ADMISSION

1. Tuberculosis, pulmonary, chronic.

14. CAUSE OF ADMISSION

Tuberculosis, pulmonary, chronic, active, both lobes, left lung, and upper lobe, right, with small cavitation left upper lobe.

(40) The following example illustrates incorrect and correct entries of an injury and the attending circumstances (par. 17d(7)).

14. CAUSE OF ADMISSION

Wound, punctured, left thigh; nail in board accidentally driven into thigh.

14. CAUSE OF ADMISSION

Wound, punctured, moderately severe, lateral surface, middle third, left thigh, accidentally incurred during machine gun drill, this date, when the soldier was resting and the board on which he was sitting tipped and a protruding nail therein was driven into the thigh.

(41) The following example illustrates improper and correct entries of diagnosis in a case of inguinal hernia (par. 17d(9)).

5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE 20
9. RACE	10. NATIVITY	11. SERVICE 6/12	12. DATE OF ADMISSION
14. CAUSE OF ADMISSION			
Hernia, inguinal, reducible, right, cause undetermined.			
15. LINE OF DUTY Yes			

CORRECTION CARD

1. REGISTER NO.			
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE 20
9. RACE	10. NATIVITY	11. SERVICE 6/12	12. DATE OF ADMISSION
14. CAUSE OF ADMISSION			
Hernia, inguinal, incomplete, indirect, reducible, right; existed prior to en- listment. (a)			
15. LINE OF DUTY No			

and the following on the back of the card

(a) Corrected Entry.

(42) The following example illustrates incorrect and correct entries in a case of gonorrhea (par. 17d(10)).

14. CAUSE OF ADMISSION

Urethritis, acute.

15. LINE OF DUTY

No

CORRECTION CARD

1. REGISTER NO.

14. CAUSE OF ADMISSION

Urethritis, acute, gonococcic mild.

or

Gonorrhea, acute, mild

or

Gonorrheal urethritis, acute, mild.

15. LINE OF DUTY

No

(43) The following example illustrates proper and improper entries in a case of nonvenereal urethritis (par. 17d (11)).

14. CAUSE OF ADMISSION

~~Urethritis, acute, cause undetermined.~~

CORRECTION CARD

1. REGISTER NO.

14. CAUSE OF ADMISSION

Urethritis, acute, non-venereal, cause
undetermined. (a)

and the following on the back of the card

(a) Corrected Entry.

(44) The following example illustrates incorrect and correct entries as to inflammation of the inguinal lymph glands (par. 17d(11)).

14. CAUSE OF ADMISSION

Inguinal, adenitis, cause undetermined.

Correction card

1. REGISTER NO.

14. CAUSE OF ADMISSION

Lymphadenitis, inguinal, left, moderately severe, nonvenereal, cause undetermined. (a)

and the following on the back of the card

(a) Corrected Entry

(45) The following example illustrates acceptable entries of various manifestations of syphilis.

14. CAUSE OF ADMISSION

Syphilis, primary, manifested by ulcer, dorsal surface, glans penis and demonstration of *T. pallidum*.

14. CAUSE OF ADMISSION

Syphilis, secondary, manifested by maculo papular rash, trunk, arms and thighs and repeatedly positive Wassermann and Kahn blood reactions.

14. CAUSE OF ADMISSION

Syphilis, tertiary, manifested by gumma anterior portion, middle third, left tibia and repeatedly positive Wassermann and Kahn blood reactions.

14. CAUSE OF ADMISSION

Syphilis, type undetermined. Manifested by repeatedly positive Wassermann and Kahn blood reaction; spinal fluid not examined.

14. CAUSE OF ADMISSION

Syphilis, cerebrospinal, unclassified, manifested by repeatedly positive Wassermann and Kahn blood reaction and repeatedly positive Wassermann reactions in the spinal fluid.

14. CAUSE OF ADMISSION

Paresis, manifested by characteristic mental abnormality, repeatedly positive Wassermann and Kahn blood reaction, repeatedly positive spinal fluid Wassermanns and typical colloidal gold curves.

14. CAUSE OF ADMISSION

Syphilis, cardiovascular, manifested by arterial hypertension, dilatation of the arch of the aorta, repeatedly positive blood Wassermann, history of penile ulcer, diagnosis of syphilis and short history therefor.

14. CAUSE OF ADMISSION

Syphilis, latent, manifested by repeatedly positive blood Wassermann and repeatedly negative Wasserman in the spinal fluid.

14. CAUSE OF ADMISSION

1. Syphilis, asymptomatic, symptom free, serology negative, treatment discontinued. (Old, syphilis, primary, manifested by ulcer, dorsal surface, glans penis and demonstration of *T. pallidum*, this station, Feb. 11, 1939. Reg. No. 4680.)
2. Cephalalgia, severe, secondary to spinal puncture, April 12, 1940.

9. RACE

10. NATIVITY

11. SERVICE

12. DATE OF ADMISSION

May 16, 1940.

13. SOURCE OF ADMISSION

Command. Carded for record
only.

14. CAUSE OF ADMISSION

Syphilis, cured (Old, syphilis, secondary, manifested by maculopapular rash, trunk, arms and thighs and repeatedly positive Wassermann and Kahn blood reactions; this station Aug. 20, 1939. Reg. No. 14679.)

19. DISPOSITION

Performing full duty.

20. DATE OF DISPOSITION

May 16, 1940.

(46) The following example illustrates the method of recording a case which has previously been treated in a military hospital (par. 17d(13)).

14. CAUSE OF ADMISSION

Ulcer, duodenal, mild (Old, ulcer duodenal, Fort Dix, N. J., July 1939.) Patient's statement.

(47) The following example illustrates the method of recording a case of pneumonia (par. 17d(15)).

14. CAUSE OF ADMISSION

Pneumonia, upper lobe, left lung, pneumococcus type III.

(48) The following example illustrates the entries required as to a case of typhoid fever (par. 17d(17)).

14. CAUSE OF ADMISSION

Typhoid fever, diagnosis confirmed by positive blood culture. Typhoid vaccination completed April 6, 1928, April 5, 1931.

(49) The following example illustrates the line of duty in the case of an enlisted man injured while absent from his station without authority (par. 18b(2)).

CAUSE OF ADMISSION

Wound, lacerated, scalp, fronto-parietal region, right, moderately severe. Accidentally incurred when soldier who was absent without leave, was unprovokedly attacked by an unknown person and knocked down, his head striking the pavement, Pennsylvania Ave. and 7th Street, N. W., Washington, D. C., about 11 P. M., May 5, 1940. Patient's statement.

15. LINE OF DUTY

No.

(50) The following example illustrates the entry as to line of duty when an enlisted man is injured while in pursuance of the private application of business (par. 18b(3)).

14. CAUSE OF ADMISSION

Fracture, simple, transverse, complete, middle portion, proximal phalanx, index finger, left. Accidentally incurred Columbus, Ga., this date, in a base ball game, the soldier receiving pay for his participation, when he was struck on the hand by a batted ball.

15. LINE OF DUTY

No.

(51) The following example illustrates the exception of the rule that the line of duty of treatment of a case is the same as that of the cause of admission. The line of duty for the untoward effect of treatment is "Yes," although the line of duty of the basic disease is "No" (par. 18c(2)(b)).

14. CAUSE OF ADMISSION

1. Syphilis, latent, manifested by positive blood serology and negative spinal fluid, Dec. 16, 1939. ("Old" Station Hospital, Fort Totten, N. Y., June 27, 1939, Register No. 46855 . Syphilis, type undetermined, manifested by repeated positive blood serology).

2. Dermatitis medicamentosa, severe, flexor and extensor surfaces of upper and lower extremities, anterior and posterior surfaces of trunk and (a)

15. LINE OF DUTY

1 No. 2 Yes. (c)

and the following on the back of the card

(a) posterior cervical and posterior auricular areas; secondary to the intravenous administration of neoarsphenamine in treatment of syphilis, this hospital, Jan. 8, 1940. (Soldier has received 30 injections of neoarsphenamine).

(52) The following example illustrates the entry as to line of duty when an injury has been investigated by a board of medical officers. The statement in space 15 indicates that both the line of duty and the relation of circumstances attending the injury are in accordance with the findings of the board of officers (par. 18c(3)).

14. CAUSE OF ADMISSION

Wound, gunshot, perforating radial portion middle third right forearm, entrance 2 in. below bend of elbow anterior surface $\frac{3}{4}$ in. mesial to latter border, exit, exactly opposite on posterior surface, tissues involved, skin and muscle only. Missile .32 cal. revolver bullet. (a)

15. LINE OF DUTY

No per approved findings (b)

and the following on the back of the card

(a) Accidentally incurred this station at home of another soldier when the patient, absent from the ^{duty} ~~post~~ with authority, was visiting the wife of the other soldier. The husband suspected improper relations between his wife and the patient, engaged in a violent altercation with the two and fired a revolver at his wife, the bullet striking the patient and inflicting the wound described above.

(b) Board of Officers.

(53) The following example illustrates the entry in the case of an intercurrent disease (par. 18d).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			March 20, 1939.

14. CAUSE OF ADMISSION

Arthritis, chronic, hypertrophic, severe, involving thoracic and lumbar spine and sacro iliac joints, bilateral; cause undetermined.

15. LINE OF DUTY

Yes.

17. ADDITIONAL DIAGNOSES, OPERATIONS

March 31, 1939.

Additional diagnosis:

Pneumonia, pneumococcus, type IV, upper lobe, left lung, cured April 13, 1939. Line of duty yes.

19. DISPOSITION

Duty.

20. DATE OF DISPOSITION

August 19, 1939.

(54) The following example illustrates the method of recording the change of diagnosis (par. 20).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
		2	Aug. 4, 1939

14. CAUSE OF ADMISSION

Bronchitis, chronic.

15. LINE OF DUTY

Yes

17. ADDITIONAL DIAGNOSES, OPERATIONS

Sept. 2, 1939. Change of diagnosis.
Tuberculosis, pulmonary, chronic, active,
mild, upper lobe right lung. LD Yes.

(55) The following example illustrates the method of recording a complication of the original cause of admission (par. 21).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Feb. 8, 1940

14. CAUSE OF ADMISSION

Measles, severe.

17. ADDITIONAL DIAGNOSES, OPERATIONS

Feb. 13, 1940
Otitis media, acute, suppurative,
moderately severe, right.

(56) The following example illustrates the proper entry upon discharge from hospital of a nonmilitary person (par. 25).

5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Col.		Retired	
19. DISPOSITION			

Discharged from hospital

20. DATE OF DISPOSITION

(57) The following example illustrates the proper entry in the case of a patient departing from hospital on sick leave who is to go to duty on his return from leave (par. 25b). See also (9) above.

19. DISPOSITION Departed on one month's sick leave, improved.

20. DATE OF DISPOSITION May 4, 1940

(58) The following example illustrates the entry made in space 17 when an individual who has been granted a sick leave is to return to the hospital for further treatment (par. 25b).

17. ADDITIONAL DIAGNOSES, OPERATIONS

May 5, 1940, departed on one month's sick leave, improved. Returned to hospital June 4, 1940.

(59) The following example illustrates the entry in space 19 in the case of death. A record should always be made that an autopsy was or was not performed (par. 25e).

19. DISPOSITION Died. Cause of death: Uremic toxemia due to #1 Space(14). Diagnosis confirmed by autopsy held at this hospital Feb. 19, 1940.

(60) The following example illustrates the fact that when an individual is discharged on certificate of disability the specific character of the disability must be stated, even though the diagnosis may seem to explain the condition fully. Particularization as to this matter is required for administrative purposes (par. 25*f* and *g*).

19. DISPOSITION Discharged the service on certificate of disability due to diagnosis No. 2, Space 14. Patient incapacitated for (a)

20. DATE OF DISPOSITION May 6, 1940

and the following on the back of the card

(a) military service by reason of being unable to distinguish objects beyond a distance of three feet with either eye.

(61) The following example illustrates the entry when an enlisted man is discharged from the service but remains in hospital for further treatment (par. 25*h*).

19. DISPOSITION Discharged the service for expiration term of service. Remaining in hospital, register number 6666.

20. DATE OF DISPOSITION May 15, 1940

(62) The following example illustrates the entry required when an officer is ordered home to await retirement because of physical disability. The record of such case is very important to the administrative use of The Surgeon General's Office (par. 25i).

1. REGISTER NO. 12500-12768			
5. RANK	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Col.		5th Inf.	
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			May 12, 1940
13. SOURCE OF ADMISSION Command. Carded for record only. Performing full duty.			
19. DISPOSITION Departed under orders to proceed home and await retirement for physical disability.			
20. DATE OF DISPOSITION		May 12, 1940	

(63) The following example illustrates the entry as to disposition in the case of an enlisted man who refused his consent to a surgical operation which would have relieved his disability (par. 25j).

14. CAUSE OF ADMISSION

Lipoma, large 10 cm diam., 4 cm,
thick, scapular region, left.

19. DISPOSITION Discharged the service on certificate of disability due to diagnosis recorded in Space 14. Incapacitated for
20. DATE OF DISPOSITION May 4, 1940. (a)

and the following on the back of the card

(a) military service by reason of being unable to wear infantry pack without giving rise to severe pain in tumor and region thereof. Patient refused consent to removal of tumor, which removal would have alleviated the condition.

(64) The following example illustrates the entry in the case of a patient transferred. The abbreviation V. O. C. O. means verbal order of commanding officer (par. 25l).

19. DISPOSITION Transferred to Sta. Hosp., Ft. Banks, Mass., per V.O.C.O. Ft. Adams, R.I.
20. DATE OF DISPOSITION May 20, 1940

(65) The following example illustrates the entry in the case of desertion. The entry shows that when the individual deserted the first condition present when admitted to hospital had been cured and the second condition, improved (par. 25m).

19. DISPOSITION Deserted the service. 1 Cured
2 Improved

20. DATE OF DISPOSITION April 19, 1940

(66) The following example illustrates a method of recording the days of treatment when the patient's treatment was not completed during the year in which he was admitted (par. 29).

24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19 ^{39, 40}	IN QUARTERS		IN HOSPITAL	
	1940	1939	1940	
January.....				31
February.....				29
March.....	15			12
April.....				
May.....				
June.....				
July.....				
August.....				
September.....				
October.....				
November.....		18		
December.....		31		
TOTAL.....	15	49		72

Aggregate patient days 136

(67) The following example illustrates the correction of a diagnosis on a register card made prior to the rendition of a report card (par. 32a).

14. CAUSE OF ADMISSION

~~Emotional instability. EPTE.~~

14. CAUSE OF ADMISSION

Constitutional Psychopathic State,
Emotional instability. EPTE.

(68) The following example illustrates the entry of a change of diagnosis (par. 32a).

14. CAUSE OF ADMISSION

Metatarsalgia, right, severe, cause
undetermined.

15. LINE OF DUTY

Yes

16. INJURY CODE

17. ADDITIONAL DIAGNOSES, OPERATIONS

December 7, 1939

Change of diagnosis: Neuritis, acute,
anterior tibial nerve, right, severe,
cause undetermined. LOD Yes.

(69) The following example illustrates the fact that the transferring surgeon must be informed as to changes in diagnosis and the line of duty (par. 32a).

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION March 1, 1940
13. SOURCE OF ADMISSION Formal transfer U.S.A.T. Republic original admission Ft. Clayton, C.Z., Dec. 16, 1939, Reg. No. 2694.			
14. CAUSE OF ADMISSION			
Bronchitis, subacute, mild. Diagnosis on transfer card not concurred in. All examinations this hospital fail to support the diagnosis of pulmonary tuberculosis. Transferring Surgeon in- formed of change in diagnosis and line of duty.			
15. LINE OF DUTY Yes			
19. DISPOSITION Duty			
20. DATE OF DISPOSITION May 2, 1940			
21. NAME OF HOSPITAL Letterman General Hospital			
22. SENT WITH REPORT OF S. & W. FOR MONTH OF May 1940			

(70) The following example illustrates the method of preparation of a supplemental card. The surgeon preparing this card has superseded the former surgeon of the station. He has been advised by the commanding officer of a general hospital to which a patient had been transferred of a change in diagnosis and has accepted the change (par. 32b).

Supplemental Card No. 2694

1. REGISTER NO.

14. CAUSE OF ADMISSION

Bronchitis, subacute, mild.
See attached letter C.O. Letterman
Gen. Hosp. May 2, 1940.

23.

S. A. P.

Medical Corps, U. S. Army.

and the following on the back of the card

May 16, 1940

(Signed) John O. Smith

(71) The following example illustrates the entry on a register card when a supplemental card has been filed in the case (par. 32b).

1. REGISTER NO. 2694			
9. RACE	10. NATIVITY	11. SERVICE 4/12	12. DATE OF ADMISSION Dec. 16, 1939.
13. SOURCE OF ADMISSION Command.			

14. CAUSE OF ADMISSION

Tuberculosis, chronic, middle lobe,
right lung, acute exacerbation of,
mild, EPTE.

See supplemental card dated May 16,
1940.

15. LINE OF DUTY

No.

19. DISPOSITION

Transferred to USAT Republic for
transfer to Fitzsimons General Hospital
per Par. 16 SO 32, Hdqrs. P.C.D., (a)

20. DATE OF DISPOSITION

Feb. 22, 1940

21. NAME OF HO-PITAL

Station Hospital,
Fort Clayton, C.Z.

23

(Initial typed) S. A. P.

S. A. Putnam,

Major.

Medical Corps, U. S. Army.

and the following on the back of the card

(a) Feb. 18, 1940, Reg. No. 1562.

(72) The following example illustrates the report card rendered with the December report in the case of a patient remaining under treatment into the succeeding year (par. 54b(1)(d)).

REMAINING

1. REGISTER NO. _____

14. CAUSE OF ADMISSION

Pneumonia, pneumococcic, type III, lower lobe, right; moderately severe.

17. ADDITIONAL DIAGNOSES, OPERATIONS

Dec. 1, 1939

Pleurisy suppurative right moderately severe

Dec. 3, 1939

Incision and drainage right pleural cavity negative pressure method.

19. DISPOSITION

Remaining

22. SENT WITH REPORT OF S. & W. FOR MONTH OF

Dec. 1939

(73) The following example illustrates the correction of a remaining card (par. 56b(1)).

Correction Remaining Card

1. REGISTER NO.			
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
			Nov. 20, 1939.
14. CAUSE OF ADMISSION			

Pneumonia, pneumococcus, type III,
lower lobe, right, moderately severe.

17. ADDITIONAL DIAGNOSES, OPERATIONS

Dec. 1, 1939.

Pleurisy, suppurative, right, moderately severe.

Dec. 3, 1939.

Incision and drainage, right pleural cavity, negative pressure method.

Jan. 8, 1940.

Rib resection, partial, 2 inches, middle portion, 8th rib for drainage of pleural cavity. Additional entry.

19. DISPOSITION

Remaining

20. DATE OF DISPOSITION

22. SENT WITH REPORT OF S. & W. FOR MONTH OF

Jan. 1940.

■ 3. FORM 52c, M. D. (Transfer Slip).—This form is illustrated below (par. 35).

Hospital No.		Hospital No.		A. S. No.		R. B. WILLIAMSON	
Date of entry		Date of entry		T 12345678 IV			
Date of entry		Date of entry		(Surname)		(Christian name)	
Rank		Company		Regiment or Staff Corps.			
Age (years)		Place		Nativity		Service (years)	
Date of admission		Source of admission					
Hospital No.		Hospital No.					
Dose and time		Morphia		A. T. serum		Diagnosis, etc	
Disposition:		Disposition:					
Signature of Officer		Signature of Officer		Line of duty:		Signature of Surgeon	
Copy of the F. M. R. was forwarded to the S. and W. report of Hospital for the month of as required in cases on sick report longer than one month.		Copy of the F. M. R. was forwarded to the S. and W. report of Hospital for the month of as required in cases on sick report longer than one month.				Form 52c Medical Department U. S. A. (Authorized June 21, 1920)	

Date of entry and hospital unit receiving patient must be recorded immediately upon admission.
Important changes in diagnosis, complications, operations, etc., are to be added later, giving dates.

Hospital	No.	Hospital	No.	Hospital	No.
Date of entry		Date of entry		Date of entry	

Disposition:	Disposition:	Disposition:
Signature of Officer	Signature of Officer	Signature of Officer

This card, with envelope, constitutes the Field Medical Record for all sick and wounded. Upon transfer the F. M. R. must accompany the patient, attached to his clothing. It must not be destroyed. No patient must be transferred without one. When evacuated to the Zone of the Interior, the F. M. R. must accompany him.

■ 4. FORM 52b, M. D.—a. The following example illustrates the preparation of the emergency medical tag. This record must be prepared with every attention to accuracy of detail.

A. S. No. 7935058

Surname		Christian name	
Peters		Walter R.	
Rank	Company	Regiment or Staff Corps	
Pvt	C	80th FA	
Age (Yrs.)	Race	Nativity	Service (Yrs.)
19	W	Iowa	6/12

Date, hour, and station where tagged:

Feb. 24, 1940 (1:15 PM)

Dispensary, 80th FA, Camp Jackson, SC.

Diagnosis:

Wound, lacerated, moderate, dorsum, left hand, accidentally incurred about 1:15 PM, Feb. 24, 1940, when soldier struck left hand with axe while chopping wood near mess hall, "C" Btry, 80th FA, Camp Jackson, SC.

L.O.D. Yes

Treatment:

Iodine and dry dressing
Elevation
Rest

Disposition:

Qrs.—Feb. 24, 1940
Duty—Mar. 5, 1940

Signature:

JAMES C. HUTTING, Capt., M.C., Surgeon

Officers who later treat the case must correct any errors discovered (par. 41).

b. The following example illustrates the descriptive material required in the case of a soldier wounded in action. The entry WIA is insufficient, as is also the entry GSW, as full description of the wound must be given as circumstances permit. If the original entry is inadequate, it will be amplified by succeeding medical officers who treat the case (par. 41c)

A. S. No.

Surname		Christian name	
Rank	Company	Regiment or Staff Corps	
Age (Yrs.)	Race	Nativity	Service (Yrs.)

Date, hour, and station where tagged:

Diagnosis: WIA, GSW, pen., mild, middle
third left forearm, .30 cal. rifle
bullet.

Treatment:

Disposition:

Signature:

Form 52b
MEDICAL DEPARTMENT, U. S. A
(Authorized June 22, 1920)

3-7908

c. The following example illustrates the entry in the case of an enlisted man killed in action. A full description of the wound which caused death will be impossible in many cases.

A. S. No.

Surname		Christian name	
Rank	Company	Regiment or Staff Corps	
Age (Yrs.)	Race	Nativity	Service (Yrs.)

Date, hour, and station where tagged:

Diagnosis: KIA, decapitation, high explosive shell fragment.

Treatment:

Disposition:

Signature:

Nevertheless, the entry should be as complete as the knowledge obtainable will permit (par. 41c).

■ 5. FORM 51, M. D.—Examples of entries:

a. Space 1.—The following entries are appropriate as designations of hospital or organization:

Letterman General Hospital.

Station Hospital, Fort Jackson, S. C.

16th Infantry, Fort Jackson, S. C.

Carlisle Barracks, Carlisle, Pa.

Evacuation Hospital No. 1, Camp Beauregard, La.

Evacuation Hospital 214, A. P. O. No. 696.

b. Space 2.—The following are examples of appropriate entries of the period of the report:

March 1940.

March 6-14 incl. 1940.

c. Space 3.—The following is an example of a proper entry as to the component parts of a command:

80th FA, 6th Div, Fourth Corps Area;

Regtl Hq and Hq Btry; Hq and Hq Btry, 1st Bn;

Btrys A and B Hq and Hq Btry, 2d Bn; Btrys C and D;

Med Det.

d. Space 4.—The following are examples of appropriate entries as to variations in command. Entries such as (3) are necessary in order that fluctuations in strength may be understood.

(1) None.

(2) Hq and Hq Btry, 1st Bn, Btrys A and B departed April 11, 1940, en route to Ft. Niagara, N.Y., accompanied by Capt. B. D. Adams, M.C.

(3) 419 recruits joined from Ft. Moultrie, S.C., April 16, 1940.

(4) Med Det, 80th FA discontinued May 12, SO -----
Hq Fourth Corps Area May —, 1940.

(5) Departed Ft. Sam Houston, Texas, April 15 arrived Camp Bullis, Texas, April 15. Departed Camp Bullis, Texas, April 29 arrived Ft. Sam Houston, Texas, same date.

e. Strength of command.—The Surgeon General's Office uses the strength shown on Form 51 as the base upon which all morbidity and mortality rates are calculated. It is important that the strength be itemized and that the entries are

correct. Careful attention should be given to the provisions of AR 345-400. Errors arise through use of the adjutant's report of strength as of the last day of the month rather than a mean daily strength computed as the regulation directs, through failure of itemization of strength of components of the command, and through failure to compute mean daily strength for the month in cases where the period reported upon is a fraction of a month.

For example: Report for 31-day month.

Date	Officers			Enlisted men	
	Regular Army	Reserve		White	Colored
		*EAD	*ADT		
1.....	114	22	12	5,416	320
14.....	109	64	0	5,392	321
18.....	140	66	42	5,400	310
31.....	118	52	42	5,519	316
Total for 31 days.....	3,172	1,560	660	159,625	9,051
Total 31.....	102.3	50.3	21.3	5,149.2	291.9

If the strength reported were that of the 31st rather than the mean daily strength the error as to Regular Army personnel would be 7.4 percent.

*Abbreviations: EAD—Reserve officers on extended active duty training; ADT—Reserve officers on active duty training usually for 14-day periods.

Exercise.—A command consisting of 40 officers, 1,216 enlisted men, white; 16 Reserve officers, who were on 14-day active-duty training, left Fort A on May 3 at 4 a. m., accompanied by 2 officers Medical Corps, Regular Army, and one officer Medical Corps Reserve on extended active duty, and proceeded to Camp ----- The 16 Reserve officers were relieved from active duty on May 10, and on that date 6 Reserve officers on extended active duty, joined the command. Four officers and 316 enlisted men of the Regular Army accompanied by an officer of the Medical Corps Reserve, on extended active duty, were relieved from duty with the

command on May 8 and departed, en route to Fort B. The sick and injured, requiring hospitalization, were all returned to Fort A; they were carried on the morning reports as absent sick. The command returned to Fort A on May 13, arriving at 9 p. m. Compute the mean strength of the command for the period.

The command having been at Fort A at midnight May 2 and May 13 would be carried as part of the strength of Fort A on those dates. The minor variations in daily strength shown below might be accounted for by deaths, discharges, new men joining the command.

Date	Officers			Enlisted men
	Regular Army	Reserve		
		EAD	ADT	
May 3.....	42	1	16	1, 216
May 4.....	42	1	16	1, 215
May 5.....	42	1	16	1, 220
May 6.....	42	1	16	1, 214
May 7.....	42	1	16	1, 219
May 8.....	38		16	897
May 9.....	37		16	897
May 10.....	37	6		897
May 12.....	37	6		897
Total.....	396	23	112	10, 569
Total÷31.....	12.8	0.7	3.6	340.9

f. Space 7.—The following is an example of the proper entry for professional work (not otherwise reported):

	Number of patients	Number of treatments
(1) Out-patients:		
Regular Army (5a).....	312	846
Training units (5b) ADT.....	2	2
Civilians (5c)		
Total.....	314	848

(2) Physical examinations conducted (specify; see instruction par. 9g, AR 40-1025):

Enlisted men for discharge_____	12
Enlisted men for reenlistment_____	7
Applicants for foreign service_____	1
Food handlers_____	39
Motor vehicle drivers_____	21
Athletes (boxers)_____	8

(3) Vaccination and immunization, and sensitization tests administered (specify):

Smallpox vaccinations_____	65
Typhoid immunization_____	119
Anti-tetanus serum _____	3

■ 6. FORM 86d (Casualty Report).—This form will be in duplicate with a sheet of carbon paper and a protective sheet interposed between the original and the duplicate, will be 3¾ inches by 5½ inches in size; the original will be of cloth paper similar to the emergency medical tag. The following should be printed on the reverse of the original:

This notice is for the purpose of giving you information about your sick and wounded relative at the earliest possible moment. It may be unsatisfactory to you because the news it bears is so meager. This is not because there is any desire to keep knowledge from you but because there is no other practicable way of getting the information to you quickly and correctly.

Wounded patients are given first-aid treatment on the battlefield; they are then collected at places where transportation can reach them and removed to places, still in the battle area, where they can be examined more carefully and prepared for transportation to hospitals. These hospitals, surgical and evacuation, are still near the front and patients are retained in them for treatment but a short time and then are removed to general hospitals far in the rear for completion of their treatment.

Explanation of terms: *Receipt*, patient has arrived at the place of treatment indicated in upper lefthand block; *Disposition*, patient has been moved from the station reporting to one further in the rear, a notice of his receipt at the next station will be forwarded to you; *Serious condition*, the patient is in such condition that his recovery is uncertain; *KIA*, killed in action against the enemy; *Battle casualty*, wounded or gassed in battle or by act of the enemy elsewhere; *Sick, Injured*, serious cases of illness, and serious injuries other than battle casualties; *Evacuated*, removed from one place of treatment to another further in the rear; *Convalescent*, hospital treatment has been completed and patient transferred to a convalescent hospital or convalescent camp for recuperation; *Duty*, patient's health has been restored and he has gone back to duty.

Form 86d M. D.	Report of Casualty	
Casualty	Date of Report	Station
R. B. Williamson		
6436984	May 4, 1940	Evacuation
		Hospital
		No. 16
Mrs. R. B. Williamson 1234 North Broadway Yonkers, New York		
Report of: Receipt . . , Disposition . . , Serious condition . . , KIA . . , Battle casualty; Wound . . , Gas . . , Sick . . , Injured . . , Died . . , Evacuated . . . , Convalescent . . . , Duty . . .		
Cause of death:		
<div style="text-align: right;">..... (Signature)</div>		

■ 7. REPORT OF CASUALTIES (Form 86f M. D.).— *a.* The following illustration gives an example of the front and back of Form 86f, together with instructions for accomplishing the form.

b. Instructions for the use of the form.—Battalion surgeons will use this form in reporting casualties to battalion commanders. They will also use it in forwarding to regimental surgeons data for the Statistical Report, Form 86ab, M. D. Company commanders of medical regiments, battalions, and squadrons will use the form in reports to their respective headquarters.

At least one such report will be rendered daily during combat. The reporting period will be midnight to midnight normally, but if more frequent reports are required, care will be taken that the full 24-hour period is covered.

When battalion dispensaries are being operated in either a theatre of operations or the zone of the interior, battalion surgeons will render this report to regimental surgeons for the period for which the Statistical Report, Form 86ab, M. D., is being prepared.

The item "Remaining," the first of the report, refers to cases remaining from the previous report.

Form 861
MEDICAL DEPARTMENT, U S ARMY
(Authorized June 12, 1940)

REPORT OF CASUALTIES

Unit From m. to m. Month Day Year

Location: Map Coordinates

	THIS UNIT				OTHER UNITS	ENEMY	GRAND TOTAL
	DISEASE	INJURY	WOUNDED	GASSED	TOTAL		
Remaining.....							
Received.....							
Duty.....							
Died.....							
Evacuated.....							
Other dispositions.....							
Remaining.....							

26-10479

REMARKS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

16—16479

The item "Other dispositions" refers to persons turned over to the military police, to patients turned over to relieving units, to patients abandoned on retrograde movements, and to dispositions other than those occurring in the normal movement of patients. For example: Enemy patients who are in no need of further treatment will be turned over to the military police, and this may be indicated by the initials MP in the appropriate row and column. Dispositions not easily explained in a similar manner should be stated on the back of the form.

Under "Remarks," on the back of the form, enter the names of officers evacuated, dying at station or in transit, and of those known to have been killed in action. Make similar entries as to noncommissioned officers of the first three grades, messengers, and other persons important to the functioning of the unit.

■ 8. RECORD OF CASUALTIES "STATION Log" (Form 86e M. D.) (size $8\frac{1}{2}$ x $10\frac{1}{2}$ inches folded longitudinally).—See paragraph 80.

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MEDICAL FIELD MANUAL

RECORDS OF MORBIDITY AND MORTALITY
(SICK AND WOUNDED)

CHANGES }
No. 2 }

WAR DEPARTMENT,

WASHINGTON 25, D. C., 13 September 1943.

FM 8-45, 1 October 1940, is changed as follows:

■ 49. Disposition.

* * * * *

b. *Of records of cases transferred to the zone of the interior.*—

The field medical * * * “observation” is insufficient. Include, if injury, the location, nature, date, place, and circumstances. Each field medical record thus received will be closed, and the record of the case taken up on the hospital register. Field medical records * * * sick and wounded.

[A. G. 300.7 (31 Aug 43).] (C 2, 13 Sep 43.)

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,

Chief of Staff.

OFFICIAL:

J. A. ULIO,

Major General,

The Adjutant General.







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